N. B.-WRITE PLAINEY,

V. S. No. 1

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-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	nai	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA.	TION is very important. See instructions on back of certificate.	19.
	1	-	A Property	H

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3063
1. PLACE OF DEATH	(93-2)
County Montgomery	Registration Dist. No. 2/6
Village or City Suthereda (IF	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidanca In city or town whara daath occurradyrs,mos	ds. How long In U.S. if of foraign birth?yrsmosds.
2. FULL NAME Janes Islant Cules	If U. S. Veteran, specify WAR
(a) Residence: No. 70/2 Roccivelle Road (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Lordowed	21. DATE OF DEATH  Warch  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Multiply of Curries	22. I HEREBY CERTIFY, That I attended decassed from  Dec. 13 1935 to Meh.   1926
6. DATE OF BIRTH (month, day, and year) Sec 4 1847	I last saw h. 22 aliva on Mich. V 1936; death is said
7. AGE Yaars Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at
8 Trada profession or particular	Monie myo cardilis Dac. 1434
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or businass In which work was done, as SILK MILL, SAW MILL, BANK, etc  1D. Data deceased last worked at this occupation (month and	
D. Data deceased last worked at this occupation (month and yaar) branch in this occupation	
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance:  Longestine heart facture Dect. 3.
13. NAME Samuel Ellioth	
13. NAME Samuel Ellish  14. BIRTHPLACE (city or town)  (State or country)	Name of operation Date of What test confirmed diagnosis? If you al Engle Was there an aulopsy? 120
15. MAIDEN NAME Rosse Still	23. If daath was dua to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME    16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
17. INFORMANT Charles a Ciles (Address) Bellins da, mo	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Survey Date 3/8 ,1936	Mannar of Injury Natura of injury
19. UNDERTAKER Farmer & Pringhry (Address), Rose (will mit	24. Was disaase or injury in any way related to occupation of dacaased? No-
20. FILED 3/6 , 1936 BC Perry M. D. Registrar.	(Signad) Valley Ruffa Round M. D (Addrass) /150 Koun due Wahn S.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant-private family, cook-hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .-- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage CEIVED	July 5,1927	Peritonilis	3 days ago
APR 6 1938			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones V. S.	May 1,1923	Gastroenteritis	1 year
The state of the s			

under Dr. Ruffin. -L.

Exact statement of OCCUPA-

stated EXACTLY. properly classified.

AGE should be

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

N. B,-WRITE PLAINEY

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

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1. PLACE OF DEATH	<u> </u>
County /mygomery	Registration Dist. No. 217
Village or City Bustoneville	No. St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,	mosds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Safaur Bea	lf U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULAR	S MEDICAL CERTIFICATE OF DEATH
3. SEX Mall  4. COLOR OR RACE OR DIVORCED (write the	word) 3 / 3 / 193
5a. If marriad, widowed, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) March 8, 1	936   I last saw h   alive on   19 ; death is said
7. AGE Years Months Days If LES	to have occurred on the dete stated above, etm.  The PRINCIPAL CAUSE OF DEATH end releted ceuses of importance
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Stillton Oate of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	
O this occupation (month and spent in this year) occupation	
12. BIRTHPLACE (city or town).	Other Contributory Causes of importance:
14. BIRTHPLACE (city or town) Buslimmely recognition (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
I 15. MAIOEN NAME Halan Libson	23. If death was due to externel ceuses (VIOLENCE) fill in also the following:
15. MAIOEN NAME Halen Letzon  16. BIRTHPLACE (city or town) - Bustonwoodly - Is  (Stata or country)	Accident, suicide, or homicide? Dete of injury, 19
(Maries)	Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL OF MATION, OR REMOVAL  PROPERTY OF THE PROPERTY OF	Manner of injury Nature of injury
19. UNDERTAKER TAISEY (Address) Taisey Mid-	24. Was disease or injury in any way related to occupation of dacassed?  If so, specify
	(Signed) M. D gistrar. (Address) Autura  Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1		Example II	
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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
ELECATIV. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1 N. B.—

stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly of TION is very important. See instructions on back of certificate.

RECORD. Every item of infor-7. PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH	65
1. PLACE OF DEATH	(82.8)	/
county Montgomery	Registration Dist. No. 2/6	2
Village or City Slen Echo West Conduct 1	d. No	Ward
	death occurred in a hospital or institution, give its NAME instead of street and number of the death of the d	
2. FULL NAME Lora matilda	Eurlo Bookenan	
(a) Residence: No. Elen Echo Hato	St., Ward.	
(Usual place of poode)	If nonresident give city or town and S	btate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Married  Married	21. DATE OF DEATH Wanh 23 (Month) (Day)	198 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jr. Ne Witt Bockman	22. May ( 1935, to May 22	eceased from
6. DATE OF BIRTH (month, day, and yeer) Quy 24/188/	I last saw Menalive on Mar 23 1936	
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
53 6 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of enset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done as SII K MIII	Gerebal Embolion	March
SAW MILL BANK etc. Journal of		
10. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) Fayette	Other Cootributory Causes of importance:	May : 35
(State or country)		
E F	Name of operation Date of	
(State or country)	What test confirmed diagnosis? Was there an at	1.1
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide? Date of injury  Where did injury occur?	, 19
17. INFORMANT De With Beekman (Address) Seri Echo Het Mid	(Specify cky or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	) CE.
18. BURIAL, CREMATION, OR REMOVAL Piace Ceden Itill and Date March 28, 1934	Manner of injury	
19. UNDERTAKER W. W. Weal (Addiess) 816-11. 715	24. Was disease or injury in any way related to occupation of deceased? A	1
20. FILED 3/25, 1936 B.C. Perry D.D.	(Signed) And Andrews (Address)	M. D.
	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

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Example I		Example II	
The principal cause of death and related ca of importance were as follows:	uses. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis To E C F W E	D   1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1938	July 5, 1927	Peritonitis	3 days ago
BUREAU V.	5.		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	STATE (	OF MARYLAND-	CERTIFICATE OF DEATH	066
1. PLACE Q	DEATH	20	(B) × 6/	/
County	Hory	ymen	Registration Dist. No.	2
Village or C	ty Sell	resda	ND. St.,  If death occurred in a hospital or institution, give its NAME instead of street and p	W Wheel
Length of resi	dence In city or town where	,	sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAI	WE Man	net la Brown	except 1f U. S. Veteran, specify WAR	
(a) Residen	ce: No. 700	arlington rol	· St., Ward.	
		(Usua place of abode)	If nonresident give city or town and	State
PERSON 3. SEX		FICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
F	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (corrice the word)	21. DATE OF DEATH (Month) (Day)	193_ <b>4</b>
5a. If married, widow HUSBAND of (or) WIFE of		Browning	22. I HEREBY CERTIFY, That I attended of	
6. DATE OF BIRTH (	month day and year	an 24,1853	I last saw head alive on 200 male 12, 1936	
7. AGE Yea		Days If LESS than	to have occurred on the date stated above, at 2m.	,
8	73	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	D
8. Trade, profes	sion, or particular	21-1		Date of
	ork done, as SPI NNER, BODKKEEPER, etc.	felred	Carolia- manular	
Work was	tousiness in which done, as SILK MILL, L, BANK, etc		mal sliana	19
1D. Date decease	ed last worked at pation (month and	11. Total time (years) spent in this occupation		
12. BIRTHPLACE (cit	v or town)		Other Contributory Causes of importance:	2/1
(State or cour		6	with allawithment	1
13. NAME	Umel	Browing.		
13. NAME  14. BIRTHPLACE	(city or town)	/	Name of operation. Date of	
(State of	country)		What test confirmed diagnosis? Was there an a	utopsy?
15. MAIDEN NA	ME Muss	nex suller.	23. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE		n los	Accident, suicide, or homicide?	, 19.
17. INFORMANT	m/06.	Jolland.	Where did injury occur?  (Specify city or town, county and State Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLA	CE.
(Address) 18. BURIAL, CREMA)	ION, OR REMOVAL	very my vocus nos	Manner of infure	
Place 6	dar Hill	Date 3, 14, 1936	Manner of injury	
19. UNDERTAKER	tamer Sol	Topp hray	24. Was disease or Injury in any way related to occupation of deceased?	Lo
(Address)	Secky	Le mat	If so, specify	
20. FILED 3/14	+ ,1936 /3	· C ferry, m. L.	(Signed) Leaving Office Communication	مدم
		Registrar.	(Address) 3 920 - Ang annu -	.7

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: V. S Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

1. PLACE OF DEATH	- Wa
County Montgomery	Registration Dist. No. 2//
Village Dr City Mr. Clagetteville	ND. St Ward
Length of residence in city or town where death occurred 8 3 yrs. 5 mos	death occurred in a hospital or institution, give its NAME instead of street and number)
1	ds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME fremda M. Durdelle	·
(a) Residence: No. W. Clagettesville Ma. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
W. OR DIVORCED (write the word)	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	(1001)
(or) WIFE of Jerry & Purdette	22. I HEREBY CERTLEY. That I attended daceased from 1936, to Mech. 4 1936
6. DATE OF BIRTH (month, day, and yeer) May 30, 1852	Hast saw has alive of Hely 26 ,1934; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 730 A.m.
83 8 4 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and rated causes of Importance were as follows:
9 Tests sectories and the sectories	Caremona & small bour Date of onest
o. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
O 10. Dete deceased last worked et	
o this occupation (month end 1930 spent in this fe	
12. BIRTHPLACE (city or town) hs. Fut Quin	Other Contributory Causes of Importanca:
(State or country)	
13. NAME James Besteft	
13. NAME James Besteft  14. BIRTHPLACE (city or town) no. mv. Drieg	Name of operation
(State or country)	What test confirmed diagnosis? Was there en autopsy? 22
15. MAIDEN NAME Margaret Halkeris  16. BIRTHPLACE (city or town) M Mh Cary,  (State or country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) / M - /// WW (WW)  (State or country)	Accident, suicide, or homicide? Oate of Injury, 19
2/22 R 1 4	Where did injury occur? (Specify city or town, county and State)
(Address) R. D. M. and M.	Specify whather injury occurred in INOUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Coward Chapel Com Oate March 6, 1936	Neture of injury
19. UNDERTAKER & B Beall, Inc.	24. Was disease or injury in any way related to occupation of decaased?
(Addrass) Damaseus md	If so, specify
20. FILED Mar 5- 193 (Della W. Burdott	(Signed) Leage M. Boyur p. M. O.
Deft Registrar.	(Addrass) Damasuck, md.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

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8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis, APR 4 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Approximate property from processing in the property and the second of the second			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

TION is very important. See instructions on back of certificate.

OF DEATH in plain terms, so that it may

hould be carefully supplied.

V. S. No. 1

OCCUPA-

of

Exact statement

item of infor-

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	18650 00
County Monlgomery	Registration Dist. No. 223
Village or City Jakonfia Park And	No. wash. San & Haspisal Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length oI residence in city or lown where deeth occurredyrsmos	ds. How long in U.S. II of loreign birth?yisds.
2. FULL NAME Trances V. Du	A ColfU.S. Veteran specify WAR.
(a) Residence: No. Oilulu Abrius	St Mard.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	) If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX / 4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (qurite the word)	march 10 193 36
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF A COLUMN A	22.   1, H, EREBY CERTIFY, That I attended deceased from
pseph y. Durker	1994, to, Mush 10, 1936
6. DATE OF BIRTH (month, day, and year) unleaven 857	I last saw h. M. alive on Marka 10 5, 19.86; death is said
7. AGE Years Months Days If LESS than 1 dayhrs.	to have occurred on the date stated above, at
29 Willow Wickoun ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	LEVERTAL MIMMISHAGE 3-9-31
I Industry or husiness in which	
work was done, as SILK MILL, Own Home	
10. Date deceased last worked at this occupation (month end year) spent in this occupation 4.4.4.	9
4112.1 4	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	almoune of art rep
II 13. NAME 71) illians Q (Phogas	- Approved Marine
E	Walter of halters
(State or country) Massachuse 11s	Name of operation 1990 Mary 1990 Market Confirmed diagnosis? 1990 Market Confirmed diagnosis? 1990 Market Confirmed Date of 2
15. MAIDEN NAME Laura Clark	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) Walshington D.C.	Where did Injury occur? Linken Montgomery to W
17. INFORMANT M. P. B. Burket	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Selver Spring . mo.	1 tome and
IS. BURIAL, CREMATION, OR REMOVAL	Menner of injury Hall -
Place Selver Sping Date 3 - 10 - , 19.36	Nature of Injury HARRIMA Of N. Mass
19. UNDERTAKER Manus & Consophry	24. Was disease or injury in any way related to occupetion of deceased?
20 FILED War ( 1936: 7 - Wondens	(Signed). M. D. M. D.
Registrar.	(Ardress) Surge spring Mel
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
APR 4 1930			
Other contributory causes of importances		Other contributory causes of importance:	e-mail:
Gallstones	May 1,1923	Gastroenteritis	1 year.

1. PLACE OF

STATE OF MARY	LAND-CERTIFICATE OF DEATH	3
DEATH .	99-30	U
nontgomery	Registration Dist. No. 2	- 7
Montgomery Takoma Par	No. Washington Sanitarium and Block	25

	70
N concounty - Montgomery	Registration Dist. No. 223
Village or City Tolkomb Park	No. Wa Shington Sanitanium and Braspita Ward death occurred in a horpful or institution, give its NAME instead of street and number)
Langth of residence In city or town where death occurredyrsmos	s. 29 ds. How long in U.S. if of foralgn birth? yrs. mos. ds.
2. FULL NAME Mrs Etta Came	If U.S. Veteran specify WAR NR - 48
(a) Residence: No. 1419 Decatur 5 Treet (Usual place of abode)	St., Ward. Washington; Vic.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Lemale White Widowed	21. DATE OF DEATH  March 2/ 193 6  (Month) (Day) (Year)
5a. If merriad, widowed, or divorced MOSBAND of (or) WIFE of Mr. J. E. Came	1 HEREBY CERTIFY, That I attended deceased from March 15 1936 to March 21 1936
6. DATE OF BIRTH (month, day, and year) January 8, 1868	Hast saw h.e. r. alive on March 20 1936; death is said
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 208 A.m.
68 2 /3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profassion, or perticular kind of work done as SPINNER	Chaonie Myseasditis Date of onest
SAWYER, BOOKKEEPER, etc. House Wite	
work was dona es SILK MILL (U) 1/.	
10. Date deceased last worked at this occupation (month and spent in this 21/200	
yeer) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) Dum Mers Worth (State or country) New Mampshire	
13. NAME John Chick 14. BIRTHPLACE (city or town) Eliot	
14. BIRTHPLACE (city or town) Eliat	Name of operation
(State or country) / / aino	What test confirmed diagnosis? Le timed Was thar an autopsy? he
15. MAIDEN NAME Estizabeth Rord  16. BIRTHPLACE (city or town) Le lea non	23. If death was due to axtarnel causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town) de lea non (Stata or country)	Accident, suicide, or homicide? Data of Injury, 19 Whera did injury occur?
17. INFORMANT Washington Santarium - Hospita (Address) 12 koma Park Md.	(Specify city or town, county and State)
18. BURIAL, CREMATION, OR REMOVAL A 41 H	Manner of Injury
Place Dummers worth. Dete Mat 25, 1936	
19. UNDERTAKER The Style Co. (Address) 2901 24 the Style Co.	24. Was disaase or injury in any way ralated to occupation of decaased? No
20. FILED Mar 21 , 19th I Le gentler.	(Signed) A Cornshar M. D.  (Address) Washington Saiturium

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	N 1	Example II	
The principal cause of death and related cause of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis TOECE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage   APR 4	July 5, 1927	Peritonitis	3 days ago
ALWEST V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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AD	ed.	S, S	truc
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-	ref	l in	tan
Ę	e ca	VTH	por
AIN	d b	DE/	ımı /
PL	loul	F	very
LE	sh	E	IS
FRI	tion	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
T	ma	O	II
N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	-	
Z	(.	1	)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(23)
County mont gomery.	Registration Dist. No. 217
Village or City Spenceraelle	NoSt.,Ward
	death occurred in a horpital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gernard & Case	If U. S. Veteran, specify WAR
(a) Residence: No. Speucettaille (Usual place of abode)	2592 A Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 3 - 193 (Month) (Month) (Year)
5a. If married, widowed, or divorced	(Month) (Oay) (Year)
HUSBAND of KITTLE Ruckert -	22. I HEREBY CERTIFY, That f attended decaased from 136, to 3-19-19-19-19-19-19-19-19-19-19-19-19-19-
6. DATE OF BIRTH (month, day, and year) Tuly 12 -1905	I lest saw h 2 2 alive on 9 - 19 - 1936; daeth is said
7. AGE Yaars Months Days I LESS than 1 dayhrs.	to have occurred on the date steted above, at 2 m.
30 8 6 - or min.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance ware as follows:  Data of onset
kind of work done, as SPINNER, Cautler SAWYER, BOOKKEEPER, etc	Culmonary
Industry or business in which work was dona, as SILK MILL local bainting	7 1 1050
SAW MILL, BANK, etc  O. Oate decaased lest worked at this occupetion (month and yeer) occupetion.	Judebelloses 1/20
12. BIRTHPLACE (city or town) Spencervelle mil	Other Contributory Causes of importanca:
13. NAME John J. Caal  14. BIRTHPLACE (city or town) Spencervelle  (State or country)	Neme of operation Data of Data of
(State of Country)	What test confirmed diagnosis & Communitary there en aulopsy?
15. MAIDEN NAME Tille m hompson	23. If daeth was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Lille M Thompson 16. BIRTHPLACE (city or town) & Livor met	Accidant, suicida, or homicide? Date of injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Comme Gording (Address) ashton mad	Spacify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Surlonerable Md Date 3/2// 1936	Manner of injury
19. UNDERTAKER Warner & Tumphrey (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILEO 3/20/ 1936. C. S. Banaley	(Signed) Charles Simpleson M. O  (Address) Sandy Spring By
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
APR 6 1980			
Other contributory causes of importance:		Other contributory eauses of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

M	)		
(11)	infor- state UPA-	STATE OF MARYLAND—	CERTIFICATE OF DEATH 3071
		1. PLACE OF DEATH	94E) X
0	of Ild	County Montgomen	Registration Dist. No. 2
U	= - 1	Village or City Brinklow	No. wirdo : St., Ward
2	-= 0		death occurred in a horpital or institution, give its NAME instead of street and number)
X		Langth of rasidence In city or town where death occurredyrsmos.	ds. How long in U.S. if of foreign birth?mos,ds.
	AD. Every YSICIANS statement	2. FULL NAME laker Websles Co	l
4	COND. Ever PHYSICIAN ict statemen	(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
	PH. ict	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	RECO PH Exact	3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21. DATE OF DEATH
	H	Male AA OR DIVORCED (waite tha word)	March 16 1936
Z.	T L led.	5a. If married, widowad, or divorcad	(Month) (Day) / (Year)
BINDIN	PERMAN EXAC' ly classifi ate.	HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
Z	RM X A	00-791921	Jan 49, 1936, 10 march 16, 1936
BI		6. DATE OF BIRTH (month, day, and year) Save 29, 1936	I last saw hasan alive on March 16, 1956; death is said
民	IS A PE stated E properly certificate.	7. AGE Yaars Month Days If LESS than 1 day,hrs.	to have occurred on the data stated above, at _Qm.
FOR	IS A stated proper	min.	The PRINCIPAL CAUSE OF DEATH and related ceusas of importence were as follows:
A	HIS pe pe of c	S. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1
E	TTH Id I		County I Now Work J.16. 36
R	should it may n back	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc	
RESERVED	F-1	10. Date dacaasad last worked at this occupetion (month end spent in this	
RE		year) occupation occupation	Other Contributory Causes of importance:
	ADING d. AG s, so the	12. BIRTHPLACE (city or town) / 2 mm/low Mo	52 A
RGIN	NFADING pplied. AGI erms, so tha instructions	(Stata or country)	Tremelinity
A.R.	UNFA] supplied. n terms, ee instru	13. NAME (Solver) Q (old 14. BIRTHPLACE (city or town) Montg rmcy Co. j.	
	P = 0	4 14. BIRTHPLACE (city or town) Montgomeny Gois	Name of operation
	F 5.5	(State of country)	Whet test confirmed diagnosis? Charital Was there an autopsy? Des
	PLAINTY, WITH nould be carefully OF DEATH in playery important.	15. MAIDEN NAME Mary & ames  16. BIRTHPLACE (city or town) Namcock  (State or country)	23. If death wes due to axternal causes (VIOLENCE) fill in also the following:
	Car CH ort	o 16. BIRTHPLACE (city or town) Namcock	Accident, suicide, or homicide? Date of injury, 19
	AINLY, ld be car DEATH y import	(State or country) VQ,	Where did injury occur? (Specify/city or town, county and State)
	Id Id DE	17. INFORMANT TOTAL COLE	Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
	PLA hould OF. D	(Address) / Own Cow	
	B. B.	Place 2 1/2 1936	Manner of injury
	ON SEE	1190 104	Nature of injury.
Н.	HOL	19. UNDERTAKER ON AMARIAN (Address)	24. Was disaase or injury in eny way ralatad to occupation of deceased?
No.	B	(Augress)	If so, specify
>. ∞.	z (1)	20. FILED 2 /20 , 19.06. C. S, V Dainsle	(Signed) M.D.
			(Address) Seller Street, Baltimore, Requesting U. S. No. 1.
	b	The state of the s	-T Common of Medicining O. O. 140. p.

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Cerebral hemorrhage   BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

is very important. See instructions on back of certificate

1	RMANENT RECORD. Every item of infor-	XACTLY. PHYSICIANS should state	classified. Exact statement of OCCIIPA.
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	item	sho	of (
	very	ANS	nent
	S. E	SICI	aten
	25	HYS	t st
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INDING	NE	LO	ified
0	MA	KA	288
	K	1	4

Length of residence in city or town where death occurred TO yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.  2. FULL NAME OCCUPY COOKE  (a) Residence: No. Oloverly Month  (b) St. Ward.  (i) Sund place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DIVORCED (variet the word)  OR DIVORCED (variet the word)  OR DIVORCED (variet the word)  (Month)  (Day)  (Wear)	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City M Cloverty (If death occurred in a hospital or insistetion, give in NAME intended of attest and number)  Length of residence in city or town where death occurred (If death occurred in a hospital or insistetion, give in NAME intended of attest and number)  2. FULL NAME DOTCAL GOOD (If the control of the c		(3:E) ×
Langth of residence in city or town where death occurred. TO yrs. mos. ds. Mov long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength british mos. ds. Move long in U.S. If of tength long in U.S. If of the U.S. If the U.	County MONT CO-	Registration Dist, No. 217
Length of residence in city or town where death occurred. To yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. mos. ds. How long in U.S. If of foreign birth? yes. Mark to the yes. Mark to U.S. If of foreign birth? yes. Mark to U.S. Yes. Mark		
2. FULL NAME  (a) Residence: No. Classery Ward.  (b) Residence: No. Classery Ward.  (a) Residence: No. Classery Ward.  (b) Ward.  (c) Ward.  (c		
(a) Residence: No. Clarely Market Day Market Day Market Day Medical global State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE S. SINICLE, MARKEED, WIDOWED, OR DIVOSCED Curvictibe word of Market Day Divosced Convenience with the Market Day (Month) (May) (Near)  5. DATE OF PIRTH (month, day, and year) 8 + 3 -	2. FULL NAME Dorcas Cooke	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  9. SEX  4. COLOR OR RACE  S. SINCIE, MARRIED, WIDOWED, OR DIVORCED (wine the word)  OR DIVORCED (wine to make the word)  OR DIVORCED (wine the word)  OR DIVORCED (wine the word)  OR DIVORCED (wine to make the word)  OR DIVORCED (wine to make the word)  OR DIVORCED (wine to make the word)  OR DIVORCED (wine	(a) Residence: No. Oloverly. Mont &	5 1 *
2. I HEREBY CERTIFY. Thet i ettended degreesed from 19.3 Action 19	(Vsual place of abode)	
OR DIVORCED (write the word)  Sold married, wildowed at divorced the sale wildowed at a steed above, at S. T. C. m.  1 hast sew hold all sale wildowed at divorced the sale steed above, at S. T. C. m.  1 hast sew hold all sale wildowed at steed above, at S. T. C. m.  1 hast sew hold a sale steed above, at S. T. C. m.  1 hast sew hold		
18. Trade, profession, or particular for which work was done as SPINNER, Nature with the work was done as SPINNER, Nature with work was done as SPINNER, Nature with the work was done as SPINNER, Nature of impury were as follows:  18. BIRTHPLACE (city or town)	fene Col OR DIVORCED (write the word)	mar - 4 h 193 6
5. DATE OF BIRTH (month, day, and year) 8 + 3   1   1   1   1   1   1   1   1   1	HOSEAND OL.	
1. AGE Years Months Days If LESS than I day	5. DATE OF RIRTH (month, day, and year) / 8435	
8. Trade, profession, or particular kind of work dothers as PINNER, I doubt have as follows:  8. Trade, profession, or particular kind of work dothers as PINNER, I doubt have a substantial to the profession of particular kind of work dothers as PINNER, I doubt have a substantial to the profession of particular kind of work dothers as PINNER, I doubt have a substantial to the profession of particular kind of work dothers as PINNER, I doubt have a substantial to the particular as pent in this occupation (month and 1926)  12. BIRTHPLACE (city or town) Montgoonery of this occupation (month and 1926)  13. NAME Saul - Cumphinery  14. BIRTHPLACE (city or town) Montgoonery of this occupation of particular to the profession of the particular to the	7. AGE Years Months Days If LESS than	- 1.5
13. NAME  13. NAME  14. BIRTHPLACE (city or town)  15. BIRTHPLACE (city or town)  16. State or country)  17. INFORMANT  18. BURIAL, CREMATION, OR REMOVAL  Place Age  18. BURIAL, CREMATION, OR REMOVAL  Place Age  19. UNDERTAKER  (Address)  20. Filed Mar. 7, 1936. Mag Sharmally  19. UNDERTAKER  (Address)  21. Filed Mar. 7, 1936. Mag Sharmally  19. UNDERTAKER  (Address)  21. BURIAL CREMATION, OR REMOVAL  Place Age  19. Other Country In only to or injury  Menner of injury  Nature		ware as fallows !
SAW MILL, BANK, etc.  10. Date deceased last worked at years spent in this occupation (month and /9 16 spent in this occupation of deceased? Month in the spent in this occupation (month and /9 16 spent in this occupation (month and /9 16 spent in this occupation of deceased? Month in the spent in this occupation of deceased? Month in this occupation (month and /9 16 spent in this occupation of deceased? Month in this occupation (month and /9 16 spent in this occupation (month and /9 16 spent in this occupation (month and /9 16 spent in this occupation (month and /9 16 s	8. Trade, profession, or particular kind of work done, es SPINNER, Jauseurife SAWYER, BOOKKEEPER, etc.	Carcinoma of avillary
Do Date deceased last worked at this occupation (month and 9 % spent in this occupation (month and 9 % spent in this occupation (month and 9 % spent in this occupation)  12. BIRTHPLACE (city or town) Montgowers & Spent in this occupation of deceased?  13. NAME Saul Pulphrey  14. BIRTHPLACE (city or town) Montgowers & Standard		The state of the s
12. BIRTHPLACE (city or town)  13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURNAL, CREMATION, OR REMOVAL  Place  Place  19. The Country  Country  Name of operation	10. Date deceased last worked at	in lungs Duration ton years cure ?
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  11. BIRTHPLACE (city or town)  10. Whet test confirmed diegnoside of diegnoside of deceased?  10. Whet test confirmed diegnoside of deceased?  12. Whet test confirmed diegnoside of deceased?  13. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?  10. Date of injury  11. INFORMANT  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  Nature of injury  19. Was disease or injury In eny wey related to occupation of deceased?  11. Specify  12. Was disease or injury In eny wey related to occupation of deceased?  13. INFORMANT  14. BIRTHPLACE  15. MAIDEN  15. MAIDEN  16. BIRTHPLACE  16. BIRTHPL	12. BIRTHPLACE (city or town) Montgonery Co	00
Whet test confirmed diagnosis of Culturation West there an eutopsy? In the process and the following:  15. MAIDEN NAME Porcess and the following:  16. BIRTHPLACE (city or town)  (Stete or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place of Address  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Stete on country)  Menner of injury  Nature of injury  19. UNDERTAKER  (Signed)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  Menner of diagnosis of Culturation West there an eutopsy? In also the following:  Accident, suicide, or homicide?  Date of injury  Whet test confirmed diagnosis of Culturation West there an eutopsy? In also the following:  Accident, suicide, or homicide?  Specify whether injury occurr?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  19. UNDERTAKER  (Address)  (Signed)  (Signed)  (Signed)  Menner of injury In eny wey related to occupation of deceased?  Menner of injury  (Signed)  (Signed)	13. NAME Saml- Pumphrees	14/36
15. MAIDEN NAME Porcas and Webster  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place of Address  19. UNDERTAKER (Address)  19. UNDERTAKER (Address) (Address)  19. UNDERTAKER (Address) (Address	14. BIRTHPLACE (city or town) Month Co (State or country)	
Where did injury occur?  (Specify city or town, county and State)  17. INFORMANT CLEEN Brown  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place of injury  Place of injury  Nature of injury  Nature of injury  19. UNDERTAKER  (Address)  24. Was disease or injury In eny wey related to occupation of deceased?  15. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury  Nature of injury  19. UNDERTAKER  (Address)  16 so, specify  (Signed)		
Specify city or town, county and State)  17. INFORMANT Cleu Brown  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Planting Plantin	16. BIRTHPLACE (city or town) Mong Co	Accident, suicide, or homicide? Date of injury, 19
18. BURIAL, CREMATION, OR REMOVAL  Place Date 3 - 7, 1936  Menner of injury  Nature of injury  19. UNDERTAKER  (Address)  (Address)  (Address)  (Signed)  (Signed)  Menner of injury  Nature of	17. INFORMANT aleen Brown	(Specify city or town, county and State)
19. UNDERTAKER (Address)  24. Was disease or injury In eny wey related to occupation of deceased?  15 so, specify (Signed)  (Signed)  (Signed)	Contract of the contract of th	Menner of injury
(Address) / If so, specify (Signed) Chas to mublison M. C. Filed Mar. 7 1936 Mis CS Garnaly (Signed)	Place Donally A Production Date . J 1936	
20. FILED/ FOX. 1950 Mis Congression Aller		
		(Signed) Chas bs unibles on M. D

V. S. No. 1

N. B.-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

The second of T

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Wasanala II

	Example 1	- 1	iskample 11	
of importance were as f	death and related causes		The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrit		1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1930	July 5,1927	Peritonitis	3 days ago
1	BUREAU V. S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones	HE EL THE LEVEL	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	——————————————————————————————————————
County Many Armysy	Registration Dist. No. 2/6
Village or City Lasen Opin	No. Cealer Nank St Word
Length of residence in city or town where daath occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
2. FULL NAME COWELL. MARY	COMSTALK)
(a) Residence: No. //D7 Oak St Selar San	St.Md. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write tha word) Willowers	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If marriad, widowad, or divorced HUSBANO of	
(or) WIFE of CONELLY ALBERT MYRON	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) Qua 2 4 /850	I last saw hard alive on March 9 , 1986; death is said
7. AGE Yaars Months Oays If LESS than 1 day,hrs.	to hava occurred on tha date statad abova, at 8: 35 m.
00   0   7   ormin.	The PRINCIPAL CAUSE OF DEATH and ralatad causes of Importanca were as follows:
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	2-25-3
9. Industry or business in which work was done, as SILK MILL, Warn home	
SAW MILL, BANK, etc.	
this occupation (month and year)	
12. BIRTHPLACE (city or town) Killawog.  (State or country) Branch Pa Mun ) Lank	Other Contributory Causes of importanca: 1931
1 Deliver Wind and Golf	
2 24.	
(Stata or country)	Name of operation
15. MAIDEN NAME Malorina E. diga	23. If death was due to axternal causes (VIOL ENCE) fill in also tha following:
16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide? Date of Injury, 19
(Stale or country) Broom to new york	Whare did injury occur?
17. INFORMANT John C., Cowell (Address) 4 Corners Siver saring	(Specify city or town, county and State) Specify whethar injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Puch rich Date Mar 12 , 1936	Mannar of injury
19. UNDERTAKER UM Prubey Complians	24. Was disease or injury in any way related to occupation of decaesad?
20. FILEO 3/11 , 1936 @ @ Perry m. Q	(Signed) Left for the M. D.
Registrar.  If more blanks are needed, address State Recistrar.	(Addrass) Survey April 1992 1992 1992 1992 1992 1992 1992 199
	The Course Office, Datimore, Requesting U. S. 140. 1.

V. S. No. 1

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example 1		Example 11	
The principal cause of importance were		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial neg	hritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 6 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
		,		

V. S. No. 1

SIAIE	F MARYLAND—	CERTIFICATE OF DEATH	2071
1. PLACE OF DEATH			) U 1 = 2
County Mont	Normera.	Registration Dist. No. 2/c	3
Village or City Rock	ville	NoNoSt., f death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence In city or town where d	aeth occurredyrs,mos	ds. How long in U.S. If of foreign birth?yrs	
2. FULL NAME  (a) Residence: No. Park	Still (Oszaz)	St., Ward.  If nonresident give city or town an	
PERSONAL AND STATISTI	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	Didic
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DINORCED (write the word)	21. DATE OF DEATH  March 12  (Month) (Oay)	, 193 (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of	m)	22. I HEREBY CERTIFY, That I attended	2.,19.36
6. DATE OF BIRTH (month, day, end yeer) 7. AGE Yaars Months	rarch 12, 1936	I last sew has enverond for March 1930	, death is sald
nd	Days If LESS then 1 day,hrs.	to have occurred on the date steted eboys, at 2m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
2 Trade profession or particular	ormin.	wara as follows:	Oate of enset
8. Trede, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	-	(Stillborn)	-
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc			-
10. Oate decesed last worked et this occupation (month and year)	11. Total time (yaars) spant in this occupation		
12. BIRTHPLACE (city or town) Roza	brilly	Other Contributory Causes of Importance:	
13. NAME	1 Candand.		
- Carpan	Le constant		
(State or country)	ud:	Neme of operation Date of	
15. MAIOEN NAME Elizabet  16. BIRTHPLACE (city or town)  (Stete or country)	La Harriman	Whet test confirmed diagnosis?	g:
17. INFORMANT Elizabeth (Address)	G. Crawford	Whare did injury occur?  (Specify city or town, county and State Specify whathar injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, OR REMOVAL  Place	Oate Murch 12, 19 3/4	Manner of Injury	
19. UNOERTAKER Edgaz	Tolly hold.	24. Was disease or injury in eny wey related to occupation of decaesed?	
20. FILEO 3-12, 1936 mm	s.M.J. Pall Registrar.	(Signad) (Address) Rock on (A)	M. D.
	1 1 11 0 -		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Date of onset		
+	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

V. S. No.

1. PLACE OF DEATH	95-0	
County Monty onery	Registra	ation Dist. No. 214
Village or City & Brown Com	NoNo(If death occurred in a hospital or institution, give its N	St., Wa NAME instead of street and number)
2. FULL NAME Charles & Dail	ds. How long in U.S. if of foreign birth	
(a) Residence: No.	St., Ward.	
(Usual place PERSONAL AND STATISTICAL PART		ATE OF DEATH
		ATE OF DEATH
Males Blace Mary	(Month)	2 , 193 6 (Day) (Year)
5a. If marriad, widowad, or divorced HUSBANO of (or) WIFE of A Darlay		IFY, That I attended deceased i
6. DATE OF BIRTH (month, day, and year)	1897 I last saw h alive on	
7. AGE Years Months Oays	If LESS than to have occurred on the date stated above, at-	
38 4 28	1 day,hrs. The PRINCIPAL CAUSE OF DEATH and related were as follows:	
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Butle	Usute Congratione N	east failure ?
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		
10. Oata deceased last worked at this occupation (month and	ma (years) tin this pation	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~
12. BIRTHPLACE (city or town) (Stata or country) Virginia	Other Contributory Causes of importance:  Guiculgi Film	elatine
13. NAME Walter & Stailing	- I make crazici	24/2
14. BIRTHPLACE (city or town) (State or country)	Name of operation	
15. MAIOEN NAME Olice m Jacks	What test confirmed diagnosis?  23. If death was due to external causes (VIOLEN)	//
15. MAIOEN NAME Oliver M Jaco (S. 16. BIRTHPLACE (city or town)  (State or country)  (State or country)	Accident, suicide, or homicide?	
17. INFORMANT Mus X and Dailing (Address)	Where did injury occur? (Specify of Specify whether injury occurred in INDUSTRY,	city or town, county and State) in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury Nature of injury	
19. UNDERTAKER Marrier & Gumphr (Address)	24. Was disaasa or injury in any way related to	occupation of deceased?
10. FILED MAN 3 , 1936 5-6. War	eng (Signed) francis / K	izghardad

If more blanks are needed, address State Registrar, 2421 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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12Xample 1		Example 11	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4 1936	July 5, 1927	Peritonitis	3 days ago
MOREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	2
Gallstones	May 1,1923	Gastroenteritis	1 year

Registrar.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDING

RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street ear	1 week ago
Cerebral hemorrhage Y. S.	July 5,1927	Peritonitis	3 days ago
	s		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

51	13	0	- 4
0	U	1	6

1. PLACE OF DEATH	CERTIFICATE OF BEATT
county Montgomery	(53-E) 20 Registration Dist. No. 223
Village or City La koma Park	No. bigshington Santarijus Hocketal Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?
2. FULL NAME Daniel Day	If U. S. Veteran, specify WAR
(a) Residence: No. 318 Garland Que. Tako: (Usual place of abode)	Must Park, Word.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male  May ried	21. DATE OF DEATH  March 141  (Month) (Dev) (Year)
5e. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs. Cora Day	march 10 1936 to march 16 1936
6. DATE OF BIRTH (month, dey, end year) Maych 17. 1861	I last saw h. i.m. alive on Maxch 15 1936; death is said
7. AGE Yeers Months Deys If LESS than	to have occurred on the date stated above, at 249 R.m.
74 11 28 1 dey, hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular	Carcinoma de Orbit + Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Lanitox-	noral pursuals
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
0. Date deceased last worked at 11. Total time (years)	
this occupation (month and yeer) - January - 1936 occupation 7	
12. BIRTHPLACE (city or town) Maxles	Other Contributory Causes of importance
(State or country) Texas	
# 13. NAME Joseph Day	
13. NAME Joseph Day 14. BIRTHPLACE (city or town) Mear Jackson	Name of operation leave Enucleation Date of 193/
(State of country) TYIISSISSIPPI	What test confirmed diegnosis?Clustered _ Was there an autopsy? ho
15. MAIDEN NAME Onn Taylor 16. BIRTHPLACE (city or town) Near Jackson	23. If death was due to external causes (VIOLENCE) fill in also the following:
[ 16. BIRTHPLACE (city or town), Near Jackson	Accident, suicide, or homicide? Date of Injury, 19
(State or country) Mississippi	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Washington Santarium Tecards (Address) Takama Park, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Nathungton Date S/18, 1936	Nature of injury
19. UNDERTAKER Of Brewgies.	24. Was disease or injury in any way related to occupation of deceased? No
(Address) Wash. D.B.	If so, specify
20. FILED Mar 17, 19 3 6 86.6. Rogers	(Signed A Damphat M. D.
Registrar.	(Address) Constangles Januaritaline

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

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Chronic interstitial nephritis L	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

FOR

RESERVED

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APP 4 1936	July 5,1927	Peritonitis	3 days ago
energy V. S.			12
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

TION is very important. See instructions on back of

Exact statement of OCCUPA-

3	4	4	4	
_				

1. PLACE OF DEATH	(31) ×	15
County Montgomery	Registration Dist. No.	10
Village or City Janytonsville P	TND. St.,  f death occurred in a hospital or institution, give its NAME instead of street and	Ward
	sds. How long in U.S. If of foreign birth?yrsm	
2. FULL NAME Sewell R. Duley	If U. S. Veteran, specify WAR	
(a) Residence: No. Laylorsalle Mic (Usual place of abode)	1- St., Ward.  If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Dey)	, 193 (Year)
HUSBAND of (OC) WIFE OF MARY C, Dulley	22. 7 SHEREBY CERTIFY, That i attended	deceased from
5. DATE OF BIRTH (month, day, and year) Jan -30 - 1867.	I last saw h war alive on march - 14 193-6	. : death is sald
7. AGE Yeers   Months   Days   If LESS than	to have occurred on the date stated above, at 1 43 12 m.	
79 1 14 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
Trade, piofession, or particular kind of work done, as SPINNER, fammer SAWYER, BDOKKEEPER, etc.	convulsion	3/14/3
9. industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Walmic Jorsoning	-
1D. Date deceased last worked at this occupation (month and 933 spent in this year).	Duration: le to 8 years.	
2. BIRTHPLACE (city or town) Laytonsville, Mag.	Other Contributory Canses of Importance:	1933
(State or country)	High Arterial Dension	(3)
13. NAME STANDARD AND AND AND AND AND AND AND AND AND AN	Name of operation Date of	
	Whet test confirmed diagnosis? Was there en a	
15. MAIDEN NAME Salelle M., Nobinson  16. BIRTHPLACE (city or town) Charles Co, M.J.	23. If death was due to external causes (ViOLENCE) fill in also the following Accident, suicide, or homicide? Date of injury	
(State or country)  17. INFORMANT Many Cy Dulley	Where did injury occur? (Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ie) ACE.
(Address) AMOOG, Mg - 7 - 18. BURIAL, CROMATION, OR REMOVAL Piac Data Caroff Data Data (7, 1936)	Manner of injury	
19. UNDERTAKER ROS MARIENS BURG THE	24. Was disease or injury in any wey related to occupation of deceased?	
20. FILED. Was 17., 193 6 UTS Dye Registral	(Signed) f arthursburg &	nd. M. D

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Cerebral hemorrhage JUN 6 1 1000	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributor, causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

1	STATE OF MARYLAND—	CERTIFICATE OF DEATH
	County Moulgoniery	Registration Dist. No. 2/7
	Village or City Olivery (If Length of residence in city or town where death occurred yrs. mos.	death occurred in a hospital or institution, give its NAME instead of street and number)  2 ds. How long in U.S. if of foreign birth?
2	· 28 +	If U. S. Veteran, specify WAR
	(a) Residence: No. Monrovia M	d St., Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
s. S	A. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  March 7 193 4
a.	If married, widowed, or divorced HUSBAND of	(Month) (Day) (Yaar)
	(or) WIFE of Mrs. Laure C. Easton	22. I HEREBY CERTIFY, That I ettended deceased from  Thank 5 , 19 36, to Thank 7, 19 36
D	DATE OF BIRTH (month, day, and year) June 15, 1873	I last saw h_com alive on Markle 7 , 19 3 6; death is said
. A	GE Years Month Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 1.2. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
1	8. Trade, profession, or particular kind of work done as SPINNER.	Date of onset
	SAWYER, BOOKKEEPER, etc	Influenza 15/3
34	work was done, as SILK MILL, SAW MILL, BANK, etc.	
2	TO. Date deceased last worked at this occupation (month and year)	
-	m 1 -0	Other Contributory Causes of importance:
۵.	(State or country)	Granda on mionia 5/21
	13. NAME Liles Easton	P6.
FAIRER	14. BIRTHPLACE (city or town) North	Name of operation
1	(State or country)	What test confirmed diagnosis? The was there en autopsy? No
MOI DE	15. MAIDEN NAME Transaction Burdell	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
2	(State or country)	Accident, suicide, or homicide? Date of injury19
17.	INFORMANT Huspital Records. (Address)	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18.	BURIAL GREMATION, OR REMOVAL PROPERTY GOMENY Church DONNAICH 9, 1936.	Manner of injury
19.	UNDERTAKER 6. M. Malto Med.	24. Was disease or injury in any way related to occupation of deceased? 76.
20.	FILED Mar, 7, 1936 CSBaunsley	(Signed) Ohoso Cosumbleson M. D.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
1921	Run over by street car	1 week ago
July 4,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy Run over by street car  July 1927 Perilonitis  Other contributory causes of importance:

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) (Yaar) CERTIFY. That i attended deceased from Date of onset 23. if death was dua to external causes (VIOLENCE) fill in also tha following: Date of injury\_\_\_\_\_, 19. (Specify city or town, county and State) Specify whether injury occurred to INDUSTRY, in HOME, or in PUBLIC PLACE.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

m

should state of OCCUPA-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH 3081
		× 223
County Moulgomes	7	Registration Dist. No. 223
Village or City & akwar	a Park	No. 14 Elm ar St. Ward
	2// // (1	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	eath occurred def yrsmos	sds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME MIS TH	aures Wilherun	ia tarrar x
(a) Residence: No. 14 El	u avr-	St., Ward.
(a) hesidence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX Ferral 4. COLOR OR RACE Whole	5. SINGLE-MARRIED, WIDOWED, OR DIVORCEO (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Yeer)
a. If married, widowed, or divorced HUSBANO of (or) WIFE of M Elvin Rus	Fanas	22. I HEREBY CERTIFY, That I ettended deceased from
	0 1	July 10 11, 1935, to Mar 261, 1986
5. DATE OF BIRTH (month, day, and year)	ly 27 11 1875	I last saw h & alive on May 26, 1936 death is said
. AGE Years Months	Oavs If LESS than	to have occurred on the date stated ebove, at 4 3 4 m.
43 8	· 1 day,hrs.	
	ormin.	were as follows: Oate of onset
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc		Carapiona of Mara
SAWYER, BOOKKEEPER, etc	107a a	prease migh appliageases
	· · · · ·	my spired lod believe
work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and	11 Total time (users)	81.49 . VEREDIA.
this occupation (month and	11. Total time (years) spant in this	
( year)	occupation	Other Contributory Caused of importance:
z. BIRTHPLACE (city or town) Mash	ingling NC	Mispasianis in dight-
(State or country)	-01	luce.
13. NAME / Very A . Sc	herger	A 1 2
13. NAME / Verry A - SC 14. BIRTHPLACE (city or town) Wash	marking AB	Name of operation & Amuneaboury Date of Oct 23
14. BIRTHPLACE (city or town) / CON		
	guilen	What test confirmed diegnosis? Maly Was there en autopsy? 414
13. MAIDEN HAME OVINCELLA T		23. If death wes due to external causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME Amelia 7  16. BIRTHPLACE (city or town) Was	muy we De:	Accident, suicide, or homicide? Oate of injury, 19
(State or country)	7	Where did injury occur?
7. INFORMANT Mis A A S. (Address) 35 anoll	cherger	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL		Menner of injury
Place Washington D.C	: Date Mar 2 8, 1936	Neture of injury
70 00101		Neture of injury

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epileps	1 week ago
Chronic interstitial nephritis	1921	Run over by street par 8 A 1173411	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis Peritonitis	3 days ago
		9881 V UUV	
Other contributory causes of importance:		Other contributory causes of importance	
Gallstones	May 1,1923	Gastroenteritis	1 year

certificate.

jo

back may

See instructions on so that

properly

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supplied.

E OF DEATH in plain terms, should be carefully

very important.

KON

0-

inforshould state OCCUPA-1. PLACE OF DEATH ifem of County Registration Dist. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residance in city How long In U.S. if of foraign birth? Exact statement If U. S. Veteran, specify WAR, (a) Residence: No (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX OR RACE 21. DATE OF DEATH 4. COLOR 5. SINGLE, MARRIED, WIDOWED, stated EXACTLY. OR DIVORCED (write the word) classified.

5a. If married, widowad, or divorced	(100)
HUSBAND of (or) WIFE of Marrie Fehrman	22. I HEREBY CERTIFY, That I attended daceased from Much 16, 1936, to Much 21, 1936
6. DATE OF BIRTH (month, day, and year) march 19, 1864	I lest saw h im elive on manch 24 ,19 36; death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at
12 I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trada, profassion, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	were as follows:  Choonie Mugacarditia  Date of onset
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	
D. Date daceased fast worked et this occupation (month end year) 11. Total time (years) spent in this occupation 30	
12. BIRTHPLACE (city or town) Services (State or country)	Dither Contributary Causes of Importance:  Rysperstatic meumonia 3-44s
13. NAME Courad Fehrman	
I4. BIRTHPLACE (city or town) Survey (Stete or country)	Name of operation Date of What test confirmed diagnosis? Classical Wes there an autopsy? No
15. MAIDEN NAME Sugetta Stegy	23. If death wes dua to externel causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide?

18. BURIAL, CREMATION, OR 19. UNDERTAKE (Addrass)

(State or country)

24. Was disaese or injury If so, spacify (Signad

(Specify city or town, county and State)

Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Where did injury occur?

Manner of injur Nature of injury

V. S. No. 1

-WRITE

m

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10.—The month and year the deceased last worked at the occupation.

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Peritonitis Cerebral hemorrhage July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance Gallstones Gastroenteritis May 1.1923 1 year

See D. Every item of infor-	PHYSICIANS should state	act statement of OCCUPA-	
N. B.—WRITE PLAI, Y, WITH UNFADING INK-THIS IS A PERMANENT REW, D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TYON-is very important. See instructions on back of certificate.
Z		1	1

STATE OF MARYLAND	CERTIFICATE OF DEATH	3083
1. PLACE OF DEATH	(93-6)	. 4
County Worl rowers	Registration Dist. No. 4	13
mars 1 9	D# 2 Germanterex Mids	Ward
Village or City of a company of the City o	death occurred in a hospital or institution, give its NAME instead of street and	
Length of residence In city or town where death occurred 3_yrs	ds. How long in U.S. if of foreign birth?m	osds.
2 FILL NAME SCIPALIA COLLON ST	beleber	
(2) Recidence: No 19 4 Att & 9 erwant	un turk	
(a) Residence: No. / / / / / / / / / / / / / (Usual place of abode)	If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
OR DIVORCED (write the word)	March 10	, 193 6
Thurst widowed	(Month) (Oay)	(Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of Layman & Eller	Feb. 15 , 193 6, 10 March 16	1936
6. DATE OF BIRTH (month, day, and year) 716.6 1864	I last saw h. La. alive on 7th 15 15 1936	; death is sald
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at	
72 / 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	were as follows:	Data of onset
8. Trade, profession, or particular kind of work done, as SPINNER, Asusewife SAWYER, BOOKKEPER, etc.	Could.	12/2012
9. Industry or business in which work was done, as SILK MILL, Hauseheldung		
SAW MILL, BANK, etc.		
10. Oate deceased last worked at 11. Total time (years)		
O this occupation (month and spent in this occupation		
Pasis unknown	Other Contributory Causes of importance:	102W
12. BIRTHPLACE (city or town) (State or country)	Vingotarauti	
# 13. NAME alexander Fletcher		
E I I A MA AARK	No. of a control of	
[ 14. BIRTHPLACE (city or town)	Name of operation Oate of	
	What test confirmed diagnosis? Was there an	
15. MAIOEN NAME Solvy wheth Smith	23. If death was due to external causes (VIOL ENCE) fill in also the followin	
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Oate of injury	, 19
(State or country)	Where did injury occur? (Specify city or town, county and Sta	ate)
17. INFORMANT M Conda Illelille	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC Pl	LACE
17. INFORMANT M. COMMAN Servandow M. C. (Address) R. F. J. Lermandow M.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place author of Date 7 / 3 , 193 k	Nature of injury	
19 UNDERTAKER Ernest Farlier	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Sawurshur	If so, specify	
Barrelle	(Signed) USWA Whoury	M. O.
20. FILEO 7 / 5 19 2 6 Registrar.	(Address) Durouville	Md-
If more blanks are needed, address State Registrar	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	A

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Ccrebral hemorrhage APR 4 1936	July 5,1927	Peritonitis	3 days ago
* * V V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{B}\mathbf{Y}$	PHYSICIAN	

PHYSICIANS should state

stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE.OF DEATH in plain terms, so that it may be

TION is very important.

of OCCUPA-

Exact statement

# STATE OF MARYLAND—CERTIFICATE OF DEATH

6	1	1	1		41
ŧ,	)	1	J	5	Ž

1. PLACE OF DEATH	82-00
County Montaomers	Registration Dist. No. 223
Village or City Takama Vark and	No. Washington Say, Ist Har Ward
to the state of th	If death occurred in a horpital or instruction, give its NAME instead of street and number)
1/211 1/0	1
2. FULL NAME AUry A. Gerhali	If U.S. Veteran specify WAR.
(a) Residence: No. 17 6 a staffel (Usul . Jak (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male W. married	(Month) (Dey) (Year)
5a. If married, widowed, or divorced  HUSBAND of  (or) WIFE of MARK A COLD A	22. I MEREBY CERTIFY, That I attended deceased from
(or) WIFE of margaret gerhart	march 6 1936 to Marc. 6 1936
6. DATE OF BIRTH (month, dey, and year) Whiteon 1870	I last saw ham. alive on Marc. 6, 19.3.6.; deeth is said
7. AGE Years Months Days If LESS then 1 day,hrs.	to have occurred on the date steted above, at
	The PRINCIPAL CAUSE OF DEATH and ralated caused of Importance were as follows:
8 Trade, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Certeral Jamotthay 3-5-56
Industry or business in which	
Industry or business in which work was done, as SILK MILL, building	
10. Dete deceased last worked at this occupation (month and signal spent in this	
yeer) Mark 4,1720 occupation	Other Coutributory Causes of Importance:
12. BIRTHPLACE (city or town)  (Stete or country)	
13. NAME 7 M. Jerhann 14. BIRTHPLACE (city or town)	Name of operation.
(State or country)	What test confirmed diagnosis? Relinies Was there an autopsylo
15. MAIDEN NAME Mary Hartrouft  16. BIRTHPLACE (city or town)	23. If death was due to external ceuses (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
(State or country)	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs Margaret Gerhart	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Warran Calling
Place Wash mun and Jude ? Ran 13th, 1936	Menner of injury Nature of injury
19. UNDERTAKER W. E Sunshbur	24. Was disease or injury In eny wey releted to occupetion of deceased? No
(Address) Las Sur Mal	If so, specify
20. FILE THE 20 12 19 36 A. D. D. D. D.	(Signed) Il & Francher p , M. D.
Registrar.	(Address) Washington Sanitalium
If more blanks are needed, advress State Registrar,	, 2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
W MITTALL V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	108 1
county mont somery Co.	Registration Dist. No. 223
Village or Chy at Ahoma Panh me	No. 6 241 Carrol and St. Ward
Many years.	f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Mrs. Collen & Hadle	If U. S. Veteran, specify WAR
(a) Residence: No. 64/ Caral Bue	St., Ward.
(Usualplace of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Mirch  (Month) (Dey) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Mrs Florge W Hadley	22. I HEREBY CERTIFY, That I attended deceased from man 4, 19 %, to man 4, 19 %
6. DATE OF BIRTH (month, day, and year) Nov. 10,1853	I last saw h_la_ alive on
7. AGE Years Months Deys If LESS than 1 day,hrs,	to have occurred on the dete steted above, at
02 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trade, profession, or particular kind of work done, es SPINNER, Honsework SAWYER, BDOKKEEPER, etc.	Falsar meumonia 2-26-36
9. Industry or business in which work was done, es SILK MILL,	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Ulmont (State or country)	Other Contributory Causes of Importance:
13. NAME - Lockwood	-
I I	
14. BIRTHPLACE (city or town) Unknown (Stete or country)	Name of operation Dete of Clinical West and order of Clinical West and Orde
# 15. MAIDEN NAME - > Unknown	What test confirmed diegnosis? Was there an autopsy? 23. If death was due to external ceuses (VIDLENCE) fill In also the following:
16. BIRTHPLACE (city or town) LINKNOWN	Accident, suicide, or homicide? Date of injury19
(State or couplry)	Where did injury occur?
17. INFORMANT May & Hindrick (Sonin law)	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATTON, OR REMOVAL .	Menner of injury
Place Weshington Memorial Gen Date War 7, 19 36	- Nature of injury
19 UNDERTAKER W. W. Chambers Gos.	24. Wes disease or injury in any wey related to occupation of deceased? 200
19. UNDERTAKER / 1. Ohamyar Op), (Address) / Hop Chapter St. N. W.	If so, specify
20, FILE Man 4 150 A Stogers	(Signed I De amehan M. D.
D.:	(Address) All a particular to the second

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: E I V E D  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis APR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4 1330	July 5, 1927	Peritonitis	3 days ago
ELWEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3086
1. PLACE OF DEATH	107-
County Montgomery	Registration Dist. No. 2/8
Village or City Dashington Geore	No. (City) St., Ward
//	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long it U.S. if of foreign birth?rrsmosds,
2. FULL NAME michael augus Hardin	
(a) Residence: No. Washington Sur	S C M AMard
(1) Residence, No. 1 (1) dal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White 5. SINGLE MARRIED, WIDOWED, OR DEFORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  May 13 1936 to May 15 1936
6. DATE OF BIRTH (month, day, and year) De 17 1935	I last saw h.in aliva on War 15 , 1924; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 1.1.55 Pm.
2 28 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and celated causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	Mar boucho l'umane Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Data deceased last worked at this occupation (month and spent in this	
year) occupation	Other Contributory Causes of importança:
12. BIRTHPLACE (city or town) Alashan gan Signature (State or country)	in alm hite
13. NAME William J. Harding	
14. BIRTHPLACE (city or town) Monday - Ca.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME EACH Mal Joan Long 16. BIRTHPLACE (city or town) Fredericks Cole	23. If death was due to external causes (VIDLENCE) fill In also the following:  Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT MANO. B. J. Sanking	(Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMONAL IN PROPERTY 1936	Manner of injury
19. UNDERTAKER LUM. Rensen Pumphrey (Address) Rockwille Ind	24. Was disease or injury in any way related to occupation of deceased?  If so, specify
20. FILED March 17, 1936 alouda & Booke Registar.	(Signed) M. D  (Address) Saithering 2
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," ctc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name carlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A Control of the Cont	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 8 1936	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Ch	
V	

matten should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state N. B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement of OCCUPA-CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CE	RTIFICATE	OF	DEATH
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1. PLACE OF DEATH	92-P) Y
County moving onery	Registration Dist. No. 2/6
Village or City J. Belhuda, My (If	NoSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
2. FULL NAME Mary Caroline Hinley	inly) If U. S. Veteran, specify WAR
(a) Residence: No. 7062 Orlington Roads (Usualplace of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word) Thanking The street of the color of the	21. DATE OF DEATH  (Month)  (Vear)
HUSBANO of Alvin D. Heinly	22. I HEREBY CERTIFY, That I ettended deceased from 19 ,19 ,10 ,19
6. DATE OF BIRTH (month, day, and year) May 3 1865  7. AGE Years Months Oeys If LESS than 1 dey,hrs. ormin.	to heve occurred on the date stated above, et
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Oate deceased last worked at this occupation (month and yeer)	Sud endeling and feel me the floor
12. BIRTHPLACE (city or town)  (State or country)  Lorg Ca  13. NAME Qualrum (D+aub)	Partably Replication
14. BIRTHPLACE (city or town). (State or country)  Stora i'a	Name of operation Dete of What test confirmed diagnosis? Wes there an autopsy
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  The state of state	23. If deeth was due to external ceuses (VIOLENCE) fill in elso the following:  Accident, suicide, or homicide?
(Address) 7002 Orthuglan R.S. Orthughan R.S. Orthug	Manner of injury
19. UNDERTAKER Marine E. Gunghang (Address) Rocalville mod	24. Was disease or injury in any way related to occupation of deceased? 200
20. FILEO 3/20, 1936 B. C. Berry, M. D. Registrar.	(Signed) O. A. A. Ollen M. D.  (Address) Betheada, Maryland

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1988	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 3088
1. PLACE OF DEATH	92-00 ×
County Mordsomer	Registration Dist. No. 2/6
Village Dr City Gelliff da (16	NDSt., Ward feath occurred in a horpital or institution, give its NAME instead of street and number)
Length ot residence in city or town whera death occurredyrs,mos	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Gawin Hochrook	If U. S. Veteran, specify WAR not a washelleray
(a) Residence: No. 6809 Shubron Row (Usual place of abode)	St., Ward.   If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
1 Male While 5. SINGLE, MARRIED, WIDOWED. OR DWORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. He massied, widowad, as diverced HUSBAND of (or) WIFE of Anna Belle	22. I HEREBY CERTIFY, Thet I ettended deceased from
6. DATE OF BIRTH (month, day, end year) March 3-1849	I last saw h www. aliva on March 20 , 1986; daath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 11.40A.m.
86 1/ 12 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Cetting SAWYER, BOOKKEEPER, etc.	Endocarditio; Chronic, Aura-
9. Industry or business In which work was dona, as SILK MILL, SAW MILL, BANK, etc	tion 3 tent years a Curan
1D. Date dacaased last worked at this occupation (month end spant in this occupation occupation occupation occupation	
	Other Contributary Causes of Importanca:
12. BIRTHPLACE (city or town) (State or country)	Bealine decomposation
13. NAME Worm of Halbraok	
14, BIRTHPLACE (city or town)	Name of operation
(State or country) Turusons	What test confirmed diagnosis? Was there an autopsy2
15. MAIDEN NAME adelaide Walters	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT Lindley M Holbrook (Address) 6809 Filmbroom Road	(Specify city or town, county and State) Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Pleathurfbrug. Rec. Vault Data Mar 24, 1986	Nature of injury
19. UNDERTAKER Marine & Pumphing (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3/24, 1936 B.C. Perry M. D. Registrar.	(Signad) S. A. A. Dunn M. D.  (Addrass) Belleaste M. D.
. Registrar,	" ((1001000)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 6 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	0 to 0	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

OF DEATH 3089
Registration Dist. No. 2/3
St., Ward ution, give its NAME instead of street and number) of foreign birth?yrs
D X
If nonresident give city or town and State ERTIFICATE OF DEATH
New / 9 , 193 4 (Month) (Day) (Year)
Y CERTIFY. That I attended deceased from 1934
Man 17 197 4; death is said ed above, at 4 m.
TH and related causes of importance  Date of onset
di deliver
J
ortance:
me mo
Date of
uses (VIOLENCE) fill in also the following:
Date of injury, 19
(Specify city or town, county and State) in INDUSTRY, in HOME, or in PUBLIC PLACE.
way related to occupation of deceased?
1 dans/ hs , M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	211
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
11/10/10/30/00/00/00	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PIRITE V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	PI PI	shou	OF	ver	
	N. BWRITE PLAN, Y, WITH UNFADING INK-THIS IS A PERMANENT RX D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	
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V. S. No. 1	B.		-		
>	Z		(-		)

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(R) 1
County Mongomery	Registration Dist. No. 2/3
Village or City near parue to u	death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred. Le_yrsmos.	
2. FULL NAME Charita anne K	all
(a) Residence: No. 1 4 10 # 2 Germa	wherever thesel.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE  1. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  1. Wedowed	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorted HUSBAND of (or) WIFE of Henry Lell	22. I HEREBY CERTIFY, That I ettended deceased from June 1936
6. DATE OF BIRTH (month, day, end year) Eyest-date Kullinoum	I last saw har alive on felt, 183 6; death is said
7. AGE Years Months Days If LESS than 1 day,	to have occurred on the date stated above, at/m.
66 0 0 ormin.	The PRINCIPAL CAUSE OF DEAT11 end related ceuses of Importance were es follows:  Qate pi onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Cerebreal Howorkogs 3/12:/3
work was done, as SILK MILL, Jousefulking	
10. Date deceased last worked at this occupation (month and 12/3)  11. Total time (years) spent in this occupation 56 42	
12. BIRTHPLACE (city or town) Bush Redge (State or country)	Other Contributory Causes of Importance:  Orterial Solution 1939,
13. NAME Award Hermes  14. BIRTHPLACE (city or town) Elegenthin Herrories	Name of operation Dete of
(State of country)	What test confirmed diagnosis?
15. MAIDEN NAME Clegabelli Hume	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Cles schelle Heurie	Accident, suicide, or homicide? Date of injury, 19
(State or country) Mully Co MA	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MISCHALL MULL MUSELY (Address) P. 4. D. H. Zgermanlounke	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Degarhand H. Date Mar. 10 , 1936	Nature of injury
19. UNDERTAKER Jenry Dave	24. Was disease or injury in any way related to accupation of deceased? RO
20. FILED 2/19 19 26 Upt D Novin M. V.	(Signed) Demonial M. D.
If more blanks are needed, didness State Registrar.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
BINGS V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

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1.)	1.7	0.7	A

1. PLACE OF DEATH	940
County manlgoniles	Registration Dist. No. 214
Village or City Skuceraelle	No. St. Ward
metroson	death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of rasidence in city or town whare daath occurredyrs,mo	ds. How long in U.S. if of foraign birth?yrsmosds.
2. FULL NAME down 13 factor	If U. S. Veteran, specify WAR
(a) Residence: No. Spence toulle, ma	_St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH MAK 27th
M- col - married	(Month) (Day) (Yaar)
5a. If merriad, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY, That i attended deposited from
(or) HIEE of Jaura V. Jackson	max 9 h ,1936, to mar 27 193/
6. DATE OF BIRTH (month, day, end year) 20 -1872	I last saw h Line elive on hear 25 - 19 3 4 death is said
7. AGE Years Months Days If LESS than	to heve occurred on the date stated above, at 7.35 P.m.
5-8 11 24 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence
8. Trede, profession, or particular	were as follows:
kind of work done, as SPINNER, Janutor	arma (Pestonio 3/0/2
Industry or business in which work was done, as SILK MILL,	77/06
SAW MILL, BANK, etc.	
Date decaesad last worked et 3/2/ 11. Total time (yeers) spent in this	7
year)occupation	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Jaseph Co	and Water to
(State or country)	100000000000000000000000000000000000000
13. NAME Jas factoon	+ Cholecystitis 1936
14. BIRTHPLACE (city or town) Dairfort Co	Name of operation Date of Date of
(State of Country)	What test confirmed diagnosis? A Guerrale Was there en autopsy? No
16. BIRTHPLACE (city or town) I arrifact Co	23. If daath was due to external ceuses (VIOLENCE) fill in also the following:
0 16. BIRTHPLACE (city or town) Fairfur Co	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur?
17. INFORMANTISTURE V Jackson	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Spencerveille net	
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Placa Konney Oak Com Data	Neture of Injury 720
19. UNDERTAKER See Snowden	24. Was disaasa or injury in any way related to occupation of daceased?
(Addrass) Teachcoille my	If so, specify Okaslo Jumbleson
20 FILED HEM 28 1936 JE De Dougt	(Signad) Sandy Spring M. D.
Bullet Balling.	(Address)
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation. 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example II Example I The principal cause of death and related causes - Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street ear 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3092
1. PLACE OF DEATH	
County Mondy omery	Registration Dist. No. 2//
Village or City Mr. Coffee Grove	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs	
2. FULL NAME Michael Harren Jac	kson
(a) Residence: No. Mr Geden Grove	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 20 1936 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	am
(or) WIFE of Achsa Jackson	HEREBY CERTIFY, That I stlended deceased from
Cha 11 1876	last saw h 190 alive on Druch 20 1936 death is seid
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 12. Home
59 11 16 1 day,hrs.	The PRINCIPAL CAUSE QF DEATH and related causes of importance
Trade, profession, or particular	were as follows:  The large of onset
kind of work done, as SPINNER, Leneval Japaner SAWYER, BOOKKEEPER, etc.	Probable Cerebral Harm -
9 Industry or husiness in which	orrhade - as death
work was done, as SILK MILL, SAW MILL, BANK, etc.	came suddenly.
Of Date deceased last worked at this occupation (month and year) spent in this spent in this year)	
12. BIRTHPLACE (city of town ) Tr. Classesburg	Other Contributory Causes of importance:
(State or country)	
13. NAME Henry tackson	
13. NAME Venry Jackson  14. BIRTHPLACE (city or town) Monly Co.	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Nancy Warren	23. If death was due to external causes (VIOLENCE) fill in also the following:
mouls. Con	Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town)  (State or country)	Where did injury occur?
achia Inderon	(Specify city or town, county and State)
17. INFORMANT (Address) To Laske Share Md	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Toylo, Md Date Meh. 22, 1936	Nature of Injury
19. UNDERTAKER Roy H. Barber (Address) Fairly will ma.	24. Was disease or Injury In any way related to occupation of deceased?
20, FILED Mar, 22, 1936 Della W. Burdett	(Signed) Leage M. Boger M.D. (Address) Damaseus M.D.
	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.-The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy 9081 7 ddV	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
		A STATE OF THE STA	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of QCCUPA-

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

UNFADING INK-THIS IS A PERMANENT RE

Y, WITH

B.—WRITE PLA

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D. Every item of infor-

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	[155]
county Montgonery County.	Registration Dist. No.
Village or City Alta Vista	NoSt., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Enoch George Johnson	nota var heteran
(a) Residence: No. hughe And	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Nale On Divorced (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attanded deceased from
Glace V. Villa formion	Jany. 14, 1986, to March 29, 1936
6. DATE OF BIRTH (month, day, and year) Quy 26 1858	Plast saw h aliva on March 1936; daath is seld
7. AGE Yaars Month Days If LESS than I day,hrs.	to have occurred on the data stated above, at 8 42 A.m.
/8 8 3 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:  Date of onset
Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, atc	Osteitio Delmuro
Industry or business in which work was dona, as SILK MILL,	
SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and spant in this 2	
this occupation (month and yaar) spant in this 33 ym.	Other Contributory Causes of importance:
12, BIRTHPLACE (city or town) Clauraunt County.	Other Countries of Importance.
(Stata or country)	Textranstine
13. NAME William Johnson.	
13. NAME William Johnson:  14. BIRTHPLACE (city or town) Glanson (p	Name of operation
(State of Country)	What test confirmed diagnosis? X Was there an autopsy?
15. MAIDEN NAME Mariah Baldwin.	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
16. BIRTHPLACE (city or town). Flammet County.	Accident, suicide, or homicide? Date of Injury, 19
E (State or country) Ohis	Where did Injury occur?
17. INFORMANT MAS. Grace White Lohning.  (Address) In on a Ave. Alta Wester Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Mann Cementy Krednilly Date Mach 31 1936	Natura of injury
19. UNDERTAKER almus R. She are	24. Was disaase or injury in any way related to occupation of decaased?
(Addrass) 16 23- Comments. Warfington D.C.	If so, spacify
20. FILEO 3/29 , 1936 B, C Perry n. V. Registrar.	(Signed) M. D. (Address) Pathering M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must	o be	oe complete, a	an	occupation	return	must	state:
---	------	----------------	----	------------	--------	------	--------

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

9861 9 ddy

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	il i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ogo
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gostroenteritis	1 year

item of infor-	should state	of OCCUPA.	
T RECORD. Every	Y. PHYSICIANS	Exact statement	1
IS A PERMANEN	stated EXACTL	properly classified.	certificate.
HIS	pe	, pe	o Jo
L	P	N	ck
NFADING INK-	plied. AGE shou	rms, so that it ma	nstructions on ba
ITH UNFADING INK-	illy supplied. AGE shou	plain terms, so that it ma	See instructions on ba
LY, WITH UNFADING INK-	e carefully supplied. AGE shou	ATH in plain terms, so that it ma	portant. See instructions on ba
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DE
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1	)	1	J.	0	ĵ	ļ

1. PLACE OF DEATH	(85.0)
County morphamery	Registration Dist. No. 2/6
Village or City Islan Celes	NoSt.,Ward
Length of residence in city or town where death occurredyrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)
0 1 1 200	
2. FULL NAME Samuel J. Kaluful	If U. S. Veteran, specify WAR
(a) Residence: No. Aleur Cells Md 9 (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white gradungal	(Month) (Day) (Yeer)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Elizabetik B. Kallifies	22 MA 3 HEREBY CERTIFY. That I attended deceased from mas 5 1936
6. DATE OF BIRTH (month, day, end year) Dec. 2 - 1866	I last saw h alive on ma 1, 19 5 0; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et_8m.
69 3 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were as follows:
3 Trade, profession, or particular kind of work done, es SPINNER, Real Estate Bruker SAWYER, BOOKKEEPER, etc. Real Estate Bruker	A fair listion a Colorosclerosco
kind of work done, as SPINNER, Real Estate Broken.  8. Industry or business in which work was done, as SILK MILL.	
SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month end year)	
12. BIRTHPLACE (city or town). Washinglero	Ottes Contributory Causes of Amportance:
(State or country)	
# 13. NAME I has B. Trallfus.	
13. NAME Thos. (5) Tkallfus.	Neme of operation Dete of
(State of country) Maryand	What test confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME mary Thomas	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Mary Florings 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
(State or country) (Pennsylvania).	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT John Kalley (Son)	Specify whether injury occurred in INDÚSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR SEMOVAL	Manner of Injury
Place 1/004 - Date 3/ 6, 1976	Neture of injury
19. UNDERTAKER W. W. Chambers Co	24. Was disease or injury in any wey releted to occupation of deceased? Not
20, FILED 3/6, 1936 B, C, Perry M. W. Registrar.	(Signed) Francis I Sharpel M. D.  (Address) 3323 - O - St. N.W.
	r, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- li	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronie interstitial nephritis APR 6 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B. TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-CERTIFICATI	E OF	DEATH
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3	U	J	0	)

1. PLACE OF DEATH		- ROS × 211
County / Mug		Registration Dist. No.
Village or City Mr. Damaseus	(lf d	NDSt.,Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	rsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Leonard &	ing	
(a) Residence: No. Na. Danaseux. (Usual place of abo	nde)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICUL	ARS	MEDICAL CERTIFICATE OF DEATH
3. SEX M. 4. COLOR OR RACE 5. SINGLE, MARRIED, OR DIVORCED (1977)		21. DATE OF DEATH March 10, 193 (Month) (Day) (Year)
5e. If married, widowed, or divorced HUSBAND of (or) WIFE of		22. WELL IN THE EBY CERTIFY. That Lattended deceased from
6. DATE OF BIRTH (month, day, and year) March 16	0.1936	I last saw have alive on With 19, 1936; death is said
110	If LESS than lay, H-hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.		Grobably Cerebral form-
SAWYER, BODKKEEPER, etc  SAWYER, BODKKEEPER, etc  Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked et this occupation (month and spent in the second in the		In al I fit he inches
10. Date deceased last worked et this occupation (month and year) 11. Total time (y spant in to occupation)	this	mento used.)
12. BIRTHPLACE (city or town) NZ Damaseus (State or country)	2	Other Contributory Causes of importanca:
13. NAME Slanley D. King		
17. 51.	ind	Name of operation Date of
		What test confirmed diagnosis?
15. MAIDEN NAME Rosa Lee Helyn 16. BIRTHPLACE (city or town) 22. Daniesee (State or country)	wo	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Slowley D. Knig (Address) R. D. Sermanlown,	und	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL OEds Grate Mich	11. 1936	Manner of injury
19. UNDERTAKER Autonoville my		24. Was disease or injury In any way related to occupation of deceased?
20. FILED Onar 1 ( ) 1936 Della V Bi	Erdette L Registrar.	(Signed) Longe M. Doger M. D.  (Address) Damasans M.S.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis APR 4 1936	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

TION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

D. Every item of infor-

Exact statement of OCCUPA-

2006

STATE OF MAR	RYLAND—CERI	IFICATE C	DE DEATH
1. PLACE OF DEATH			20
county Mandamery	A	·	Registration Dist. No. 217
Village or City O Query	Murula No.	ed in a hospital or institution	n, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrs mos ds		
2. FULL NAME Baly Boy	Lee	If U. S. Veteran, sp	pecify WAR
(a) Residence: No.	St.,	Ward.	15×-
(Usual place	ee of abode)		If nonresident give city or town and State

County Mordannery	Registration Dist. No. , 217
Village or City O Sley Word	Tar No. County Loveral Host. Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ( Saly Soy See	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abbde)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowad, or divorced HUSBANO of (or) WIFE of	22. I HEREBY CERTIFY, That I attended decaased from
6. DATE OF BIRTH (month, day, and year) march 13. 1936	I last saw h alivhold bren 19 : death is said
7. AGE (Years Months Days If LESS than	to have occurred on the date stated above, atm.
Still your - 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance
9 Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Hydro crobalus.
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	1
1D. Date decaasad last worked at this occupation (month end yaar) 11, Total time (years) spent in this occupation	
12. BIRTHPLACE (city or town) Olivery (State or country)	Other Contributory Causes of Importanca:
E	Name of operation www Date of
14. BIRTHPLACE (city or town) (State or country)	\$
	What tast confirmed diagnosis? Was there an autopsy? 23. If death was dua to external causes (VIDLENCE) fill in elso the following:
=	Accident, suicide, or homicide? Date of injury
16. BIRTHPLACE (city or town) (State or country)	Where did injury occur?
17. INFORMANT mildred stee	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE.
(Address)  18, BURIAL, CREMATION, OR REMOVAL	No. of the second secon
Place Oak grows Mod Date 3/14 1936	Mannar of injury
P- R. D.	24. Was disaase or injury in any way related to occupation of deceased?
19. UNDERTAKER (Address)	If so, specify
2/13/ 2/ 0 8	(Signad) M. O.
20. FILEO D/ 1976 C. St. 10 and Registrar.	(Address) Sandy Strung M. J.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

N. B.-WRITE PLAINLY,

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of cpilepsy	1 week ago
Chronic interstitial nephritis 6 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

8

of OCCUPA-

STATE O	F MARYLAND-	CERTIFICATE OF DEATH	3097
1. PLACE OF DEATH		(3)	
County ///out	gowery	Registration Dist. No.	2.14
Village or City Treus	ing took.	No. Prospect Street St., If death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in city or jown where de		sds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME Your		warde Lewis	
	Prospect (Usual place of abode)	St., Ward.  If nonresident give city or town an	d State
PERSONAL AND STATISTIC		MEDICAL CERTIFICATE OF DEATH	d Didio
	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 26	. 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	Re	22. I HEREBY CERTIFY, That I attended	d deceased from
6. DATE OF BIRTH (month, day, and year)	et 19. 1856	I last saw hair alive on March 26, 1936	
7. AGE Years Months	Days   If LESS than	to have occurred on the date stated above, al. 8. 530, m.	, ucam 15 Sam
79 5	7 1 day,hrs.		
8. Trade, professión, or particular kind of work done, as SPINNER, Carpenler SAWYER, BOOKKEEPER, etc.		Gerebral Hewen have	Date of onset
industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.		- vsa vsa v sam raje	/25/3
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this 30 occupation		
12. BIRTHPLACE (city or town) Les bury. Va (State or country)		Other Contributory Causes of importances	
		arterio selerosis	1933
13. NAME Joseph E. Lewis  14. BIRTHPLACE (city or town) Les burg. Ua.  (State or country)		Name of operation Date of What test confirmed diagnosis?	
15. MAIDEN NAME Heuritta Price.		What test confirmed diagnosis? Was there an  23. If death was due to external causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Heuritta Prime.  16. BIRTHPLACE (city or town) Lees tung. Uq.		Accident, suicide, or homicide? Date of Injury	_
(State or country)		Where did injury occur?	, 17
17. INFORMANT Julius (Address) Julius	Lewis	(Specify city or town, county and Str Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	nte) LACE.
18. BURIAL CREMATION, OR REMOVAL Place Edan Helf	Date March 28, 19.36	Manner of injury	
19, UNDERTAKER WM. Houben	Tumphery	Nature of injury 24. Was disease or injury in any way related to occupation of deceased?	200

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

If so, specify

(Signed)

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage APR 4 1936	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

FATHER

MOTHER

should state

OCCUPA.

Jo

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3098
1. PLACE OF DEATH	
County Morelyoung	Registration Dist. No. 2//
Village or City Boy do for wella	St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred yrsmos	ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Sprucifla Luckett	*
(a) Residence: No. 1870s Waryland	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Wasch  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Turns Sucket (1878)	22.   HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) July 12 1858	I last saw how aliva on TW 26 , 1996; deeth is seid
7. AGE Years   Months   Days   If LESS than	to have occurred on the date stated above, at 11 35 m.
57 7 +2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	were as follows:  Date of onset
kind of work done, as SPINNER, Assemble SAWYER, BOOKKEPPER, etc.	Good : Arlenge 3 description
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	100
11. Total time (years) this occupation (month and spent in this	

(State or country) 14. BIRTHPLACE (city or town) (State or country) What test confirmed diagnosis? 15. MAIDEN NAME 16. BIRTHPLACE (city or town)

(State or country (Specify city or town, county and State) occurred in INDUSTRY, in HOME, or in PUBLIC PLACE 17. INFORMANT

Manner of Injur Nature of injury

(Address) If so, specify

Registrar.

V. S. No. 1

ğ

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Chronic interstitial nephritis 4 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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	Example I	#	Example II	
	death and related causes- ollows: RECEIVED		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial nephri	tis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 2 10 10	July 5,1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory caus	ses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

A. A.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
sta OPA	1. PLACE OF DEATH	107-20
n of nould	County Management	Registration Dist. No. 211
sho of o	Village or City han coal and	No. St., Ward
100		f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long In U.S. if of foreign blrth?mosds.
Every CIANS ement	2. FULL NAME HELEN VIRGINIA ME	
	(a) Residence: No. he as Cook and	St. Ward.
	(Usual place of ab) de)	If nonresident give city or town and State
RECO PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
ES .	3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month)  (Oay)  (Year)
INC NE	5a. If married, widowed, or divorced HUSBANO of	
NDING RMANEN X A C T J	(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
- x	6. DATE OF BIRTH (month, day, end year)	1 last saw h elive on, 19; death is said
FOR B. IS A PE stated E properly certificate	7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, et m.
FOR IS A stated proper	min,	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
- 03	8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Droncho frammonia . Mar?
	N. 9. Industry or business in which	
NK-T should it may n back		
RESING IN AGE SI THAT IT	10. Oate deceased last worked at this occupation (month and year)	
NATO	12. BIRTHPLACE (city of town) Wieg	Other Contributory Causes of importance:
ARGIN JNFADIN pplied. Lerms, so instructi	(State or country) Ja.	makunlahan
MARGI UNFA] supplied, n terms, ee instru	II 13. NAME Robert Mc Jonas,	
	4 14. BIRTHPLACE (city or town)	Name of operation
Effa.	(State of Country) O La Lacra L	What test confirmed diagnosis? Was there en autopsy?
2 19	15. MAIOEN NAME Vings has Bown and 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
LY, W. Id be carefu DEATH in	16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
		Where did Injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
hould OF D	17. INFORMANT (Address) Caarbohn (Address)	Specify whether injury occurred in INDUSTRY, IN HOME, OF IN PUBLIC PLACE.
E 6 3 8	18. BURIAL, CREMATION, OR REMOVAL Contact Contact	Manner of injury
-WRITE mation s CAUSE TION is	Place Care Oate Man. 16, 1936	Nature of Injury
	19. UNDERTAKER Ray W. Bankan	24. Was disease or injury in any way related to occupation of deceesed?
S. No.	(Address) Language - had.	If so, specify
> z(\)	20, FILED MAN J 61936 DULA W JB wd	(Signed) M. D. (Address) (Address)
		2411 N. Charles Street, Baltimore Requesting V. S. No. 1.

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car . 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago CCCT Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

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V. S. No. 1

17. INFORMANT

(Address)

(Address)

18. BURIAL, CREMATION, OR REMOVAL

19. UNDERTAKER Ernest

Thomas

Mullican

NIC

Gaithersbur

should state infor-

OCCUPA-

	STATE OF	MARYLAND-	CERTIFICATE	OF DEATH	3101
1. PLACE O	F DEATH		94-7		
County	Montg Co			Registration Dist. No.	2/3.
,	ity Derwood	Md City	NONo in a hospital or institu	S	t.,Ware
2. FULL NA	Gertrude B		ds. How long in U.S. if o	of foreign birth?yrs	
PERSON	IAL AND STATISTIC	AL PARTICULARS	MEDICAL C	ERTIFICATE OF DEAT	ГН
3. SEX Female	4. COLOR OR RACE   5. White	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	3 2I (Month) (Dev)	36 , 193 (Year)
5e. If married, widow HUSBAND of (or) WIFE of	red, or divorced  Thomas F	Mullican		Y CERTIFY That I atte	ended deceesed fro
6. DATE OF BIRTH	(month, dey, end yeer) Dec	25th 1873		Trasch 21 19	
7. AGE Yee 1873	62 Months	Days 26 If LESS then 1 day,hrs. ormin.	to have occurred on the dete state The PRINCIPAL CAUSE OF DEA' were as follows:	ed ebove, et $9-30$ m. TH and releted ceuses of Importence	Date of onse
kind of v SAWYER 9. Industry or work wa	ssion, or perticular work done, es SPINNER, , BOOKKEEPER, etc	use Nife	Coronary la	Manhoses	March
10. Dete decees	ed last worked at II petion (month and	11. Total time (yeers) the spent in this occupation			
12. BIRTHPLACE (ci	ty or town) Marylar		Other Contributory Causes of imp	ortance:	
13. NAME RO	bert E Butt				
	(cily or town) laryls	and	-	Date Date Was the	
15. MAIDEN NA	ME Rebecca Ri	cketts		uses (VIOLENCE) fill in also the fol	
		aryland		Date of injury	, 19
T	homas F Mul	lican		(Specify city or town, county as	nd State)

24. Wes disease or injury In any wey releted to occupetion of deceased? If so, specify (Signed)

Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE

Registrar.

(Address)

Menner of injury

Nature of injury

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	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	RECEIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial n	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	APR 4 .s.	July 5,1927	Perilonitis	3 days ago
	CUESTU V. S.			
Other contributory	causes of importance.		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Monk

certificate

instructions

important.

OCCUPA

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If more blanks are needed, address State Registrar, 2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

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Example I	- Indiana	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis APR 6 1938	1921	Run over by street car	1 week ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

# PHYSICIANS Exact PERMANENT classified. EX properly stated S THIS pluods may AGE so that supplied in plain mation should be carefully OF DEATH

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statement

certificate.

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back

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is very important.

LION

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-WRITE

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V. S. No. 1

FATHER

MOTHER

1. PLACE

2. FULL N (a) Reside

5a. If married, wide HUSBAND of (or) WIFE of

6. DATE OF BIRTI

. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.....

this occupation (month end

Date decaasad last worked at

year) \_\_\_\_\_

14. BIRTHPLACE (city or town).

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

12. BIRTHPLACE (city or town) (State or country)

15. MAIDEN NAME

13. NAME

17. INFORMANT (Address)

19. UNDERTAKER

(Address)

3. SEX

7. AGE

STATE OF MAR	YLAND-	CERTIFICATE OF DEATH 3103
PLACE OF DEATH		115.24 D D
County Martgamery C	aunte	Registration Dist. No. 247
Village or City Plucy Tru	d	No. Mantg. County General St. Hage Ward (death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	yrsmos	s. O. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
FULL NAME Edgar Mys	us	If U. S. Veteran, specify WAR 13×-
(a) Residence: No. Clarksvell	e of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
	RRIED, WIDOWED. ED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
married, widowed, or divorcad HUSBAND of	8	22. I HEREBY CERTIFY, That I attended deceased from
(or) WIFE of		march 1 ,1936, to march 10, 1936
ATE OF BIRTH (month, day, end year) Unknown	- 1910	I lest saw him aliva on March 10 19.34; death is said
E Years Months Days	if LESS than	to have occurred on the date stated above, at 5 e.m.
26	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and raisted causas of importance were as follows:
8. Trade, profession, or perticular kind of work done, as SPINNER.	101	Det of the factor

11. Total time (yeers) spant in this occupation .. Name of operation What test confirmed diagnosis? 23. if death was due to external causes (VIOLENCE) fill in also the following: Whera did injury occur?\_\_\_ (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. Natura of injury. 24. Was disease or injury in any way related to occupation of decaased? GLH If so, specify Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	of importance were as follows.	
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
		1 100100
	July 5,1927	Other contributory causes of importance:

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH	3104
1. PLACE OF DEATH	(31)	
County montgomen	Registration Dist. No. 2-16	
Village or City There made Miles	death occurred in a hospital or institution, give its NAME instead of street and n	Ward (Ward)
Langth of residence in city or town whera death occurred 2yrsmos.		
2. FULL NAME Kathering Cobleras	h Duick	
(a) Residence: No. 63/8- Westing Evel	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Manuel	21. DATE OF DEATH  March 28,  (Month) (Day)	, 193 <b>6</b> (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Seonge Tv. Punch	22. I HEREBY CERTIFY, That I attended of March 15, 1936, to March 28	deceased from
6. DATE OF BIRTH (month, day, and year) Sept. (8 1868	14. / 00. 01	,
7. AGE Years, 67 Months Days If LESS than	to have occurred on the date stated above, at 4:40 Pem.	
6 % 6 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
8. Trada, profession, or particular kind of work done, as SPINNER, Housewife SAWYER, BDDKKEEPER, etc.	Hypertensive heart discuse Chronic glomerylonephritis	Date of onset
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  11. Data time (years)	σημοιή, ε. ξ. σ.	
D. Dato deceased last worked at this occupation (month and year) 11. Total time (years) spant in this occupation		
12. BIRTHPLACE (city or town) (Stata or country)	Other Contributory Causes of importance: Convestive cardiae failure	3/1/3
# 13. NAME Luke Coblerath	Lumondry Carma	71/30
E	Name of according	
(State or country)	Nama of operation Date of What test confirmed diagnosis? Was there an ai	utanau2 NO
15. MAIDEN NAME Placestolle Muss mend	23. If death was due to external causes (VIOLENCE) fill in also the following:	
15. MAIDEN NAME Charlotte Muy neuro  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?	
17. INFORMANT Glorge No Dunch	Where did injury occur?	OCE.
(Address) 63/8- Wellem inc	da	
Place Trushington Q Date 3/28 1936	Manner of injury	
QY Thursday	THE RESIDENCE OF THE PARTY OF T	
19. UNDERTAKER A	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 3-28 - , 1936 Thomas & Course	(Signed) Parl Colley (Address) 105 Laston S	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I Example II

The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

IARGIN RESERVED

V. S. No.

1. PLACE OF DEATH	(159)
County Moutgomery	Registration Dist. No. 214
Village or City outside Deusingto  Length of residence In city or town where death occurred year.	W No. Saul TKOAS St., Ward (If death occurred in a horpital or institution, give its NAME instead of street and number)  mos. How long in U.S. if of foreign birth?yrs
2. FULL NAME Annamed infam (a) Residence: No. Saul Road Kensie (Usual place of abode)	t Randalph  gtorst, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED ("write the word Druge")	21. DATE OF DEATH  March 3, 193 6  (Month) (Day) (Year)
5a.4f married, widowed, or divorced HUSBANO of (or) WiFE of	22. I HEREBY CERTIFY, That I attended deceased from March 3 1936 to Wareh 3 1936
6. DATE OF BIRTH (month, day, end year) March 3, 193	141 1 2 -1
7. AGE Years Months Days If LESS that I dey,	to have occurred on the date stated above, et
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Presunaturity 3/3/3
9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc	
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Outside Kensingto (State or country) Wariland	Other Contributory Causes of Importance:
13. NAME Henry Moles Randolp  14. BIRTHPLACE (city or town)	La .
(State or country) Virania	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Rosie, Bell Scotts	23. If death was due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Wosie Bell Scott  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homloide?
17. INFORMANT Rosse Bell Randolph (Address) Ressinator	Where did injury occur?(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Piece County Home, Rockiell Oate man. 4, 19.	Menner of injury
19. UNDERTAKER Roy W. Barber Md.	24. Wes disease or injury In eny way related to occupetion of deceased?
20. FILED Mar. 4, 1936 Margaret C. Treme Local Registrar	

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	of importance were as follows:	
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1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance	
May 1,1923		1 year
	1921 July 5,1927	1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

ADI	DITIONAL SPACE FOR FURT	HER STATEMENTS BY PHYS	SICIAN
Heart, beat	visible for one	· lesus · un respi	intony ellost.
whatever.	8	, , , , , , , , , , , , , , , , , , , ,	1

V. S. No. 1

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20. FILED 3

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3106
1. PLACE OF DEATH	
m T	4.0
County / Jangonly,	Registration Dist. No. 213
Village or City Respondle	Np
Leasth of socidence to situate Colonia	f death occurred in a hospital or institution, give its NAME instead of street and number)
Langth of residanca In city or toyin whara deeth occurredyrs,mo	sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Sousan Jansell	If U. S. Veteran, specify WAR
(a) Residence: No.	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (gorite tha word)	21. DATE OF DEATH March 28 , 193 (Month) (Day) (Year)
5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of William H. Ramsell	22. I HEREBY CERTIFY, Thet I attended deceased from
- / 12 16 5	Mug, 1935, to March 25, 1936
6. DATE OF BIRTH (month, day, and year) March 17-1871	I lest saw h. L. aliva on March 27, 1936; death is sale
7. AGE Yaars Months Days If LESS than	to heve occurred on the data stated abova, at 320 m.
65 0 // 1 day,hrs.	THE FRINCIPAL CAUSE OF DEATH and Taladad Causes of Importance
8 Trade profession or porticular	were as follows:
Kind of work done, as SPINNER, SAWYER, BDDKKEEPER, atc.	Chronis valvular
9. Industry or business in which	Heart disease
SAW MILL BANK etc.	
U 10. Data daceasad last worked at 11. Total time (years)	
this occupation (month end spent in this year) occupation	
1 /vo/	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	-
(Stata or country)	
13. NAME (Setter 11 Massey.)  14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation Date of
(Stata or country)	
	What tast confirmed diagnosis? Was there en autopsy?
15. MAIDEN NAME Henerella Synch-	23. If death was due to axternal causes (VIOLENCE) fill in elso the following:
	Accident, suicida, or homicide? Date of injury19
(State or country)	Where did injury occur?
17. INFORMANT Cuthus Rangell Son	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piaco Lingula and Data 3, 21, 1936	Manner of injury Natura of injury
19. UNDERTAKER Statement of Summer Susses	24. Was disaase or Injury In any way related to occupation of decaasad?
(Address)	If so specify

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

If so, specify

(Signed)

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Every item of infor-

Exact statement of OCCUPA.

STATE O	F MARYL	AND-CEF	RTIFICATE	OF	DEATH
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(7)	4	11	- 4
- 3	7	11	1
0	A	1)	6

1. PLACE	OF DEATH			108	
County.	Montgomery			Registration Dist. No. 223	3
		Park death occurred	()i	No. Use Shi, ma ton Sani torium + 1650; feath occurred in a hospital or institution, give its NAME instead of street and s	tol Ward
	NAME My Fred			If U. S. Veteran, specify WAR	
	idence: No. Caivo H	otel Wa	shimston I		
		(Osual place	or abode)	It nonresident give city or town and	Stale
3. SEX	ONAL AND STATIST	1		MEDICAL CERTIFICATE OF DEATH	
Male	White		RIED WIDOWED, D (write the word)	21. DATE OF DEATH  (Month)  (Day)	, 193 6 (Year)
HUSBAND				22. I HEREBY CERTIFY That I attended	
(or) WIFE-	Harriett M	1. Rascs	h	22. I HEREBY CERTIFY, Thet lattended felt. 78 19 36, to March 4	deceased from
6. DATE OF BIR	TH (month, day, end year)	We 17.	1875	I last saw h im alive on march 4 1936	.: death is said
7. AGE	Years Months	Deys	If LESS than	to have occurred on the dete stated above, at 10:30 gm.	
	60 8	17	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Trade, p	rofession, or perticuler			Talias (Presence	2- 25-36
SAW	of work done, as SPINNER, TYER, BOOKKEEPER, etc	echnicia	n Advisor		· · · · · · · · · · · · · · · · · · ·
9. Industry	or business in which k was done, es SILK MILL.n-	1	V. 0		
	k was done, es SILK MILL A.Y. MILL, BANK, etc			•	
O this	occupation (month and	spei	ime (years) nt in this upetion		
	E (city or town) OSIO,	1		Other Contributory Causes of importance:	
(State or				1	
13. NAME	Alfred Ras	sch			
14. BIRTHPI	LACE (city or town)	7 No	rway	Name of operation	
(218	te or country)	<u>'</u>	7	What test confirmed diegnosis? Was there an a	utopsy?_No
15. MAIDEN 16. BIRTHP	NAME 7 In	geborg		23. If death was due to external causes (VIOLENCE) fill in also the following	:
To 16. BIRTHP	LACE (city or town)	Marway		Accident, suicide, or homicide? Date of Injury	
<b>∑</b> (Sta	te or country)	. 4		Where did injury occur?	
17. INFORMANT	Washington Sar		Records	(Specify city or town, county and Stat Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	e) ACE.
	MATION, OR RIMOVAL			Manner of injury	
Place	vary D.C	Date 3 -	4 1936		
19. UNDERTAKE	Name and Address of the Owner, where the Person of the Owner, where the Person of the Owner, where the Owner, which the Owner, where the Owner, which the Owner	eler's	ons	24. Was disease or injury in any way related to occupation of deceased?	no
(Address		56 0a	live of W	If so, specify	
20. FILED Ma	1930	Roger	<u> </u>	(Signed) A Carrishal	M. D.
		7 0	Registrar.	(Address) Carringles Hamit	anceser)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 weck ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
3			

WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
of in	s pl	CCU	
em	shou	0 J	
ry it	SZ	nt o	
Eve	CIA	teme	
D.	IXSI	sta	1
田の	PE	xact	
IT R	Y.	田	
NEN	CTI	ified.	
MA	XA	lass	
PER	B	rly	ate.
SA	tated	rope	rtific
ISI	e si	d ec	of ce
TH-	uld ]	lay ]	ack
NK	sho	it m	on be
I D	1GE	that	ons
DIN	d. 1	os '	ucti
NF	plie	erms	instr
HU	ins	in t	See
WIT	fully	n pla	nt.
Y,	care	[H i	orta
KI	l be	)EAT	imp
PL	hould	OF I	TION is very important. See instructions on back of certificate.
ITE	ls no	SE (	Si N
K	i.	2	0

STATE OF	MARYL	AND-	CERTIFI	CATE	OF	DEATH
----------	-------	------	---------	------	----	-------

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3108
1. PLACE OF DEATH	20 m 20
County Moutgomery County	Registration Dist. No. 217
Village or City Olivery, Ind	No. Montg County General Hospita Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
n · · · ·	
	If U. S. Veteran, specify WAR
(a) Residence: No. / Jurlous le , Ma (Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 6. SINGLE, MARRIED, WIDOWED, 6. OR DIVORCED (portice tha word) 6. Single.	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND ot	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from march 1, 1936, to March 2, 1936.
6 DATE OF RIPTH (month day and year) Feb. 28, 1908	l last saw h 1 22 alive on March 2 19.36 death is said
6. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at6: OSP,m.
28 0 4 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
9 Trade profession or particular	ware as rollows.
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Fractured Cervical
9. Industry or business in which work was dona, as StLK MILL, SAW MILL, BANK, atc	Vertebrae 3-1-36
SAW MILL, BANK, atc	
12. BIRTHPLACE (city or town) Laurel	Other Contributory Causes of importance:
(State or country) Maryland	Shoeh.
13. NAME Mr. Edward W. Robey	
14. BIRTHPLACE (city or town)	Name of operation Date of
(State or country) Manyland	What test confirmed diagnosis? LRay Was there an autopsy? 200
15. MAIDEN NAME Miss Emma Beckirith	23. if death was due to axternal causes (VIOLENCE) fill in also tha following:
15. MAIDEN NAME Miss Emma Beckwith	Accident, suicide, or homicide?Data of injury
(State or country) Maryland	Where did injury occur? Public Turbury - Buttonwells (Specify city or town, county and State)
17. INFORMANT Prospectal records. (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL CREMATION, OR REMOVAL	Manner of injury automobile accident
Date 1, 19 0	Natura of injury assistant
19. UNDERTAKER Corfa / Cuses	24. Was disease or injury in any way ralated to occupation of deceased?
20. FILED Mar 2. 1936. 6. 8/Bainely.	(Signed) Jurons M. D.
() Registrar.	(Address) Sandy Spring, ma

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V. S. No. 1

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ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

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Cerebral beneratival nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BURGAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SI	TATE OF	MAR	YLAND-	CERTIFICATE OF DEATH	110
ACE OF DEAT	Н			#TO 1	^ = =
ounty Montg	omery			Registration Dist. No. 2	23
illage or City Tak	oma Parl	<u> </u>		No. 100 ledar Quest	Ward
ength of residence in city	y or town where dea	th occurred2	(If 'yrs,mos	f death occurred in a horpital or institution, give its NAME instead of street and the death of the death of street and s	number) nosds.
JLL NAME Ma	ry Eliza	beth S	hade	×	
n) Residence: No. 1	00 Cedar	Ave. (Usual place	of abode)	St., Ward.  If nonresident give city or town an	d State
ERSONAL AND	STATISTIC	AL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
ale Whi			RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  March 26  (Month) (Oay)	, 19336
rried, widowed, or divord BANO of WIFE of Dr.	• Clyde	Shade		22. I HEREBY CERTIFY, That I attended	
OF BIRTH (month, day,	and year) july	29 18	75	I last saw h 23 alive on 2 5 1536	_; death is sald
Years 60	Months 7	0ays 27	If LESS than I day,hrs. ormin.	to have occurred on the date stated above, at \( \frac{1}{2} \) \( \mathcal{A} \), m,  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
rade, profession, or part kind of work done, as SAWYER, BOOKKEEPI	ticular s SPINNER, ER, etc			Carcinoma 7	Date olonset
ndustry or business in v work was done, as SII SAW MILL, BANK, etc	LK MILL. TTORY	sewife			- distinguity
ato deceased last worked at this occupation (month and spant in this occupation crupation crupation			t in this		
IPLACE (city or town) state or country)	Sharpsh	urg, M	d	Other Coutributory Causes of importance:	
AME Joseph IRTHPLACE (city or town (State or country)	n) Shar	psbur	eg yud	Name of operation Color Date of What test confirmed diagnosis? Was there an	131-
AIDEN NAME CLAS	na Hooly	us /1e	uton	What test confirmed diagnosis? Was there an  23. If death was due to external causes (VIOL ENCE) fill in also the followin	
IDTUDE AGE (.).	· elean	MARIOTA	441	Assident suiside as hemiside?	

(Specify city or town, county and State)
Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.

24. Was disease or injury in any way related to occupation of deceased? If so, specify

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Registrar.

Nature of injury

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Chronic interstitial mephritis APR 4 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
PIPERU V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MOTHER

important

15. MAIDEN NAME

(Address)

19. UNDERTAKER

16. BIRTHPLACE (city or town

(State or country)

18. BURIAL, CREMATION, OR REMOVAL

(Address) Ernest

f infor-

1. PLACE OF DEATH

	(a) Residence: No.		nter Sha ersburg (Usualplace	id Ci	tyst., Ward.
-	PERSONAL AI	ND STATISTI			MEDICAL CERTIF
		or or RACE Thite	5. SINGLE, MARI	RIED, WIDOWED, O (write the word)	21. DATE OF DEATH  3
5a.	If married, widowad, or div HUSBAND of Will (or) WIFE of	liam 0	Shaw		22. I HEREBY CE
6. 1	DATE OF BIRTH (month, de	ey, end year) J	uly 4th	<b>I8</b> 58	i lest saw her alive on Mo
	AGE Years 77	Months 8	Days 5	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated abova, The PRINCIPAL CAUSE OF DEATH and re were as follows:
OCCUPATION	8. Trada, profession, or paid of work done SAWYER, BOOKKE 9. Industry or business work was done, as SAW MILL, BANK,	, as SPINNER, EPER, atc n which SILK MILL, etc	}		Cerebral hemore arteriosoleron
00	ting occupation (in	rked at II onth and		me (yeers) ti	
12.	BIRTHPLACE (city or town (State or country)			patron	Other Contributory Causes of importance:
ER	13. NAME Charl	es W D	evine		Wiabetro.
ATH	14. BIRTHPLACE (city or t	own)Va		***********	Name of operation

Nolan Hurdle

Fair View Cemetary

Culpeper Va

STATE OF MARYLAND-CERTIFICATE OF DEATH istration Dist. No. its NAME instead of street and number) onresident give city or town and State ICATE OF DEATH (Day) RTIFY, Thet I attended decaasad from march 1,30 Am lated causes of importence Date of onset 23. If death wes due to externel causes (VIOLENCE) fill in also tha following: Accident, suicide, or homicide?\_\_\_\_\_\_ Dete of injury\_\_\_\_\_ 19\_\_\_\_ (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. 24. Was diseasa or injury In eny way related to occupation of deceased:

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Nature of injury

If so, specify

Home of

Registrar.

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	Example I		Example II	
The principal cause of of importance were as Arteriosclerosis	death and related causes follows:  CEIVED		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
Chronic interstitial neph		1921	Run over by street car	1 week ago
Cerebral hemorrhage	1 6 1935	July 5,1927	Peritonitis	3 days ago
	EL PEAU V. S.			
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1

	S	TATE O	F MAR	YLAND-	CERTIFICATE (	OF DEATH	2119
1. PLACE C	F DEAT	ГН			2.3	/	0110
County	u	cont aro	men 1			Registration Dist. No.	2.14
Village or	5	0 . 19	1	11110	Ma	neglational plats itop	Ward
Village of	UIIY/	HAMAE	thrupa	()	death occurred in a horpital or institut	tion, give its NAME instead of street	Ward
Length of re	sidence in cit	ty or town where de	eeth occurred	V	ds. How long in U.S. If of		
2. FULL NA	ME JO	hn Snure					
		lear Wheat	ton Md.		St Ward.	15X-	
(a) Neside	iice. No. 4	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Usual place	of abode)	St.,waru.	If nonresident give city or town	and State
PERSO	NAL AN	D STATISTIC	CAL PARTI	CULARS	MEDICAL CE	ERTIFICATE OF DEAT	H
3. SEX	4. COLO	R OR RACE		RfED, WfDOWED,	21. DATE OF DEATH		
Male	Whi	te	or Divorce	D (write the word)	Man		, f93
sa. If married, wido					hite and the last of the last	(Month) (Day)	(Year)
HUSBAND of (or) WIFE of		Margare	et B.Snu	re	- December 1	CERTIFY, That I atten	
						1935, to March 2	
6. DATE OF BIRTH	(month, day	, and year) Jai	1,26,18	73	I last saw h alive on_ //	kash 28 ,192	( ; death Is said
7. AGE Y	ears	Months	Days	If LESS than	to have occurred on the date stated	d above, at 2,30 Am.	
63		2	3	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH	H and related causes of importance	1011
Trade, prof	ession, or pe	rticu lar					Dats of onset
SAWYE	R, BOOKKEE		Retired 1	lews paper		1 4	
9. Industry or work w SAW M	business in	which		man	Tuberculare	Mulmoreans	1
this occ	sed last wor upation (mor		spe	ime (years) ntin this		1	
year) _		1003	0031	upation	Other Coutributory Causes of Impo	rtance ·	
12. BIRTHPLACE (	city or town).	Cassopol	lis.			4	
(State or co	untry)		Mich,		Exhaur	hoe	
13. NAME	Samuel	Snure					
f4. BIRTHPLAC	E (city or to	wn) Unknow	wn		Name of operation	Date	of
	r country)				What test confirmed diagnosis 2	ay Muss cal Was there	an autopsy?
f5. MAIDEN N	AME	Eliza Joh	nnson			ses (VIOLENCE) fill It also the foile	
16 DIDTUDI A	E /aitu ar ta	wn) Unkno	nwn			Date of injury	
State (	or country)	wii)			Where did injury occur?	, , , , , , , , , , , , , , , , , , ,	, 4
7	ohn on					(Specify city or town, county and INDUSTRY, In HOME, or In PUBLIC	State)
17. INFORMANT JOHN Shure					Specify whether injury occurred in	I INDUSTRI, III NUME, OF IN PUBLIC	, PLACE.
(Address) Near Wheaton Md, f8. BURIAL, CREMATION, OR REMOVAL					Manner of injury		
Pleca Cen word Date Man 3/ 1936					Manner of injury		
00	1	- 04 /	1	0.	Nature of injury	EAM	FRAITT
19. UNDERTAKER _ (Address)1	mars.	~ 4V. A	190mg	بر دول		ay related to occupation of deceased	7:
	A1.	St. N.W	Wash.B.	C. OI	If so, specify	1 ////	1
O FILED May 30 1938 J. Junday					(Signed)	1 / possel	M. D.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 V. 8.			
Other contributory causes of importance:	- 1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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	Every	CIANS
4	KD.	PHYSICIANS
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PHYSICIANS properly classified. Exact statement FION is very important. See instructions on back of certificate. Maryn should be carefully supplied. AGE should be ONUSE OF DEATH in plain terms, so that it may be

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	0110
County Moulgonery	Registration Dist. No. 214
Village or City Wheaton Mid.	NoSt.,Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)  ds. How long In U.S. if of foreign birth?
80 . 00 . 1	To a long in o. o. ii of tolorgi until:
2. FULL NAME ledgar speeder	×
(a) Residence: No. Wheaten Mid.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH March 15 193 6
5a. If married, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY, That   ettended deceased from
The state of the s	aud march 13, 1830 10 Mels (1800 19.33)
6. DATE OF BIRTH (month, day, end year) Jan 27 1867	1 last saw hours alive on Murch 15 , 1936 ; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et. 8Am.
8 69 1 17 17 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
o Trade, profession, or particular kind of work done, as SPINNER.	arebrala halperrase Outs 22, 193
SAWYER, BOOKKEEPER, etc	ardiac Try herdra play Rusary 1932
work was done, es SILK MILL, SAW MILL, BANK, etc	
10. Data deceased last worked at 11. Totel time (years)	Chronic nephritis; secondary to condice
this occupation (month and spent in this occupation occupation	condition a Duration two years, or more
	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) alleyandra	Nephritis; aussasca, auch
(State or country)	general droting with hugh
13. NAME Edgar Speeden	Sarausus sittees ou legs.
14. BIRTHPLACE (city/or town) alexandra	Name of operation Dete of
(State or country)	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME LUCES Leadlester	23. If death was due to externel causes (VIDL ENCE) fill in also the following:
6. BIRTHPLACE (city or town) alexandria	Accident, suicide, or homicide? Dete of injury, f9
S (State or country)	Where did injury occur?
m. E . (1-1	(Specify city or town, county and State)
17. INFORMANT Mrs. Crusice Spleden (Address) Wheaton Mrs.	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Washington D.C. Date 3/17 ,1936	Nature of injury/
19. UNDERTAKER HEMEURIN 924 7. 4. ave	24. Was disease or injury in any way related to occupation of deceased? oresumble
(Address) Washington OG	If so, specify an Allerana a
WINIT 3/ 3510,00,16	(Signed)

If more blanks are needed, address state Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker." "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death .- Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death, As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:		Date of onset
Arteriosclerosis	1915	Attack of epilepsy	APR 4 1936	1 week ago
Chronic interstitial nephritis	1921	Run over by street car		1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	RECEIVED	3 days ago
Other contributory causes of importance:		Other contributory	causes of importance:	
Gallstones	May 1,1923	Gastroenteritis		1 year

V. S. No. 1

STATE OF	MARVI	AND-CERTIFICATE OF DEATH
DIAIL OF	WARIL	AND CENTILICATE OF DEATH

1. PLACE OF DEATH		108	*	3114
County Montgomer	y Co.		Registration Dist. No.	18
Village or City Gaither	sburg Rfd	NDND	St.,	Ward
		(If death occurred in a horpital or institu osds. How long in U.S. if o		
Length of residence in city or town who		0\$0\$. How folk in 0.3.11 o	i toreign birth:yisy	
2. FULL NAME Nora B	Stupp		*	
(a) Residence: No. Gaithe	(Usual place of abode)	St., Ward.	If nonresident give city or town	and State
PERSONAL AND STATIS		MEDICAL C	ERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	7 7	7.0
Female White	OR DIVORCED (wate the word)		3 3 (Month) (Day)	36 , 193(Yeer)
5e. If married, widowed, or divorced HUSBAND of	E Stupp			
(or) WIFE of	E Soupp		CERTIFY, That I ettand	ded deceesad from
	h./1. 5. 18	Stast saw h. alive on		4_; death is said
6. DATE OF BIRTH (month, day, and yaar) 7. AGE Years Months	Days   If LESS than	to have occurred on the date state	dahove at 3 AM m	≠==; death is said
	- 1 day,hr	S. The PRINCIPAL CAUSE OF DEAT	TH and ratatad causes of Importance	
52   7	~ 8   ormin.	ware es follows:	hun un sui	Date of onset
8. Trada, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	House Wife	0074	premous	
A Industry or business in which				
work was dona, as SILK MILL, SAW MILL, BANK, etc	11 11			
O No. Date decaased last worked at this occupation (month end	11. Total time (yaers) spent in this			
yaar)	occupation	Other Contributory Canses of Impo	ortance:	
12. BIRTHPLACE (city or town)	ryland	acut	e nightitis	Feb Z
(State or country)	· ·		/	
	chwaptz			
14. BIRTHPLACE (city or town)MC		Neme of operation	Date of	of
(State of country)		What test confirmed diegnosis?	Was there	an autopsy?
15. MAIDEN NAME MOllie 16. BIRTHPLACE (city or town)	murgione	23. If death was due to external ca	uses (VIOLENCE) fill in also tha follo	wing:
16. BIRTHPLACE (city or town)	nu -	Accident, suicida, or homicide?	Date of Injury	, 19
₹ (State or country)		Where did injury occur?	(Specify city or town, county and	S>
17. INFORMANT	The state of the s	Specify whether injury occurred I	n INDUSTRY, In HOME, or In PUBLIC	PLACE.
18. BURIAL, CREMATION, DR REMOVAL	thersburg Md	Mannar of injury		
Place Mt Olivet	Data Mar 5th, 19 3	Nature of injury		
19. UNDERTAKER Ennest C.	Gartner	24. Wes disease or injury in eny v	vay related to occupation of decaasad	?
	thersburgMd /	If so, spacify	J	
200 1/ 4/ 0	he day Il	(Signed)	Milary	M. D.
20. FILED / J. J. 1936 (L.	Registrat.	(Addrass)	Marthershus	4 Judy

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example I		Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis «	RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne		1921	Run over by street ear	1 week ago
Cerebral hemorrhage	APR 6 1036	July 5, 1927	Peritonitis	3 days ago
	BUREALL V &			
Other contributory	causes of importance:		Other contributory causes of importance:	111111111
Gallstones		May 1,1923	Gastroenteritis	1 year

V. S. No. 1 N. B.—

1. PLACE OF DEATH	(art)
county Montgomery_	Registration Dist. No. 2 n4
Village or City Salvey Spring Shed	
	Marce No. St., Ward f death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	sds. How long in U.S. If of foreign birth?yrsmosds
2. FULL NAME Thillip A. Lyms	DR - 48
(a) Residence: No. 1509-16 20 11-	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, W100WED,	21. DATE OF DEATH
Thale White OR DIVORCED (write the word)	March 22 , 193 6 (Month) (Oay) (Year)
Fa. If married, widowed, or divorced HUSBAND of (or) WHFE of Lin about Lynns -	22. THEREBY CERTIFY, That I attended deceased from 22 1936 to man 22 1936
10.	
6. DATE OF BIRTH (month, day, and year) LC. 12, 18 75 7. AGE Years Months Days If LESS than	I last sew h Acc
7 I day hrs	The PRINCIPAL CAUSE OF DEATH end releted causes of Importance
60 2 / 0 ormin.	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	I never saw this fatters
9. Industry or business in which	- organ - acarl us to uning
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	- allack.
10. Date deceased lest worked et this occupation (month and spant in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) 6 mgland	anto indigistion
(State or country)	
13. NAME A. Syms  14. BIRTHPLACE (city or town) Sugland	
14. BIRTHPLACE (city or town) Ougland	Name of operation Date of
(State or country)	Whet test confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Justin Symo	23. If death was due to external causes (VIOLENCE) fill In elso the following:
15. MAIOEN NAME how Symbol 16. BIRTHPLACE (city or town) & mgland	Accident, suicide, or homicide? Dete of injury, 19
(State or country)	Where did injury occur?
17. INFORMANT Mr Frank & Lyns (Address) 92 - Pinchurst are, n. n. lit.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place lev york City Oate Char 23, 1936	Neture of Injury
19. UNOERTAKER Garner & Pumphrey (Address) Rackrille Ond.	24. Was disease or injury In any way related to occupation of deceased?
20, FILED-Mar 23, 1936 J. E. Londend	(Signed) All Scubly 4 M

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

TION is very important. See instructions on back of certificate.

nation should be carefully supplied. AGE should CAUSE OF DEATH in plain terms, so that it may

WRITE PLAINLY,

V. S. No. 1

1. PLACE OF DEATH	(53)
County Man Taromery	Registration Dist. No. 223.
Village or City La Coma Cax	Now ashington Sanitarium and Sasita Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mr. albert Tennyson	If U. S. Veteran, specify WAR NR - 48
(a) Residence: No. 1938 Biltmore St. N. (Usual place of abode)	. Ust., Ward. Washington, D. C. If nonrepdent give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH March 15 , 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF (Or) WHEE OF Mrs Sarah C. Termyson	22. I HEREBY SERTIFY, That I attended deceased from  Min 8 15 to May 15 1936
6. DATE OF BIRTH (month, day, and year) December 7, 1878	1 last saw h aliva on Maa 15 ,1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at $9.22$ $\rho_{c-m}$ .
57 3 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance ware as follows:
Trada, profession, or particular kind of work dona, as SPINNER, Sales man	Chronic Tyllorephailis Date of onset
9. Industry or business in which work was dona, as SILK MILL, Papey Company.	
10. Dato deceased last worked at this occupation (month and year) 1236 spant in this occupation occupation 37975	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) St. Mayy's County (State or country)	Wirmio
13. NAME James Tennyson	
13. NAME James Tenny Son  14. BIRTHPLACE (city or town) St. Mary's County	Nama of operation
(State of country)	What test confirmed diagnosis? Was there an autopsy? Les
15. MAIDEN NAME Mary P. Blassford  16. BIRTHPLACE (city or town) St. Mary's County	23. If death was due to external causes (VIOLENCE) fill in also tha following:
5 16. BIRTHPLACE (city or town) 1St. Mary's County	Accident, suicide, or homicide? Date of injury19
(State or country) Maryland.	Whare did injury occur? (Specify city or town, county and State)
17. INFORMANTILO Shington Sanitasium Records	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place bash. D. Date Mar 18, 1936	Nature of injury
19. UNDERTAKER & Mr. Gles Som	24. Was diseasa or injury In any wey related to occupation of deceased? Ro
(Addrass) Washington DE	If so, specify
20. FILED Mar 16, 19 36 Ho. E. Roylets Registrar.	(Signed) A Commission Sanitalium)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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	Example II		
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
1915	Attack of epilepsy	1 week ago	
1921	Run over by street car	1 week ago	
July 5,1927	Peritonitis	3 days ago	
	Other contributory causes of importance:		
May 1,1923	Gastroenteritis	1 year	
muy 1,1320	The state of the s	1 yea	
	1915 1921 July 5,1927	of importance were as follows:  Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:	

44 64.	V <sup>ine</sup>	
	24.	

WRITE PLAINLY,

V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF MARYLAND—	CERTIFICATE OF DEATH	2117
1. PLACE OF DEATH		0116
county montgonery	Registration Dist. No. 2 1	7.
Village or City Edvor -	No. St.	Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and	number)
Length of rasidence in city or town whare death occurred 3.0 yrsmos.	ds. How long in U.S. if of foreign birth?m	osds.
2. FULL NAME Jusan murphy Jues	Cer_ If U. S. Veteran, specify WAR	
(a) Residence: No. Ednor - Ind -	St., Ward.	
(Usual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)	21. DATE OF DEATH mar 4 th	193 6
Tome widowed	(Month) (Day)	(Year)
5a. If married, widowed, or divorced Hosband of Cory WIFE of Rend , T. of	22. I HEREBY CERTIFY, That I attended	deceased from
(or) WIFE of Beny, Jucker	mar 28-,1936,10 mar 44	19.36
6. DATE OF BIRTH (month, day, and year) July 29 - 185-4	I last saw her aliva on mar 3 nd , 1936	; death is said
7. AGE Years Months Days If LESS than	to have occurred on the data stated above, at 7	
8/ 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were as follows:	Date of onset
8. Trade, profassion, or particular kind of work dona, as SPINNER, Vauseuselo	P. A. P.	-
SAWYER, BUUKKEEPER, atc.	Jobar Inlumonia	2-29-36
9. Industry or business in which work was dona, as SILK MILL Swon honce SAW MILL, BANK, etc		-
10. Data daceasad last worked at this occupation (month and 935 spent in this occupation 4		-
12. BIRTHPLACE (city or town) Mont Co	Other Contributory Causes of Importance:	
(Stata or country)	muscarditis	1-10-35
13. NAME Reuben murphe		
13. NAME Couleer murphy 14. BIRTHPLACE (city or town) month	Name of operation. Work Date of	-
(Stata or country) md	What tast confirmed diagnosis yaumtwo Was there an	autopsy? 20
15. MAIDEN NAME Ledis Thompson	23. If death was due to external causes (VIOL ENCE) fill in also the following	
15. MAIDEN NAME Ly des Thompson  16. BIRTHPLACE (city or town) Name of Control of Contro	Accident, suicida, or homicida? Date of Injury	, 19
(State or country)	Where did injury occur?	
17, INFORMANT Lodia Fraker	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PL	te) .ACE.
(Addrass) Ednor Ind -		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Place Julinavelle Mds. Data May	Nature of Injury	
19. UNDERTAKER Warner Oumphrey	24. Was disease or injury in any way ralated to occupation of deceased?	no
(Address) Pockville Ind	if so, specify	
20. FILED Mars 5, 19 36 CS Burnsley	(Signed) Chas a String En	M. D.

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Example I			Example II		
of importance were as	of death and related eauses stollows:	P I	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	= 0.22 May	
Chronic interstitial negation	mitia	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	APR 6 1930	uly 5,1927	Peritonitis	3 days ago	
	BUREAU V. S.				
Other contributory c	uses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

B.-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-Exact statement stated EXACTLY. properly classified. certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be See instructions on back of mation should be carefully supplied. TION is very important.

IARGIN RESERVED FOR BINDING

PHYSICIANS should state of OCCUPA-

STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)
County Mantgomery	Registration Dist. No. 214
Village or City Sleves Spring	No. 1115 Seaming Road St., Ward death occurred in a hospital or institution, give it NAME instead of street and number)
	ds. How long in U.S. If of foreign birth?msds.
2. FULL NAME alfred a turner	If U. S. Veteran, specify WAR_ 200
(a) Residence: No. 1/15 Serving Road (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)  Married  Married	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Martha Elizaleth Turner	22. I HEREBY CERTIFY. Thet I attended deceased from  1933, to 27744 12 1936
6. DATE OF BIRTH (month, day, and year) Jan 8, 1850  7. AGE Years Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the dete stated above, et 2:32 m.  The PRINCIPAL CAUSE OF DEATH end related ceusas of importance ware as follows:
8. Trada, profession, or particuler kind of work done, es SPINNER, SAWYER, BOOKKEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceesed last worked at this occupation (month and year)	Other Contributory Causes of importance;
12. BIRTHPLACE (city or town). (State or country)	Chronic Nephriles ?
13. NAME Charles W. Jurner  14. BIRTHPLACE (city or town) Montage, Col., (State or country)	Name of operation Oate of What test confirmed diagnosis? Climinal Was there an autopsy? the
15. MAIDEN NAME Christina Clark  16. BIRTHPLACE (city or town)  (State or country)  TING.	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide?
17. INFORMANT Jus. J. J. Junger (Address) J. Silver Syring and.	(Specify city or town, county and State) Specify whether Injury occurred in INOUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OBJECTION DE Place Work 12 1934	Manner of Injury
19. UNDERTAKER WW Chambers Co (Address) 1400 Chambers es nu	24. Was disease or injury In any way related to occupation of deceesed?  If so, specify
20. FILEO VILLE 2, 19.36 78 Wardley &	(Signed) Silver Spring had.

V. S. No. 1

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If more blanks are needed, add as State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	- 1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	S Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago	
APR 4 1936	i i			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND—CERTIFICATE OF DEATH Registration Dist. No. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH (Day) HEREBY CERTIFY. That I attended deceased from Date of onset Date of\_ What test confirmed diegnosis? ..... Was there an autopsy? ....

23. If death was due to axtarnal causes (VIOLENCE) fill in also tha following:

(Address)

24. Was diseasa or injury in any way related to occupation of deceased?

If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Registrar.

state

1. PLACE OF DEAT

(Address)

20. FILED -

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Example II Example I The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Attack of epilepsy Arteriosclerosis 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago July 5, 1927 Cerebral hemorrhage Peritonitis 3 days ago Other contributory causes of importance. Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

Driver Bonded After Accident
Silver Spring Fatal

to Pedestrian.

By a Staff Correspondent of The Star.

SILVER SPRING, Md., March 16.— An unidentified white man, about 50 years old, was fatally injured Sunday night by an automobile on the Colesville road near here. He died in the Washington Sanitarium at Takoma Park.

Police arrested Joseph N. Yearwood. colored, 600 block of T street, Washington, driver of the car, on a charge of reckless driving. He was released on \$500 bond.

The officers said the man stepped in front of Yearwood's car. They explained the driver was placed underbond merely pending further investigation.

V. S. No. 1

SI	ATE C	OF MAR	YLAND-	CERTIFICATE OF DEATH 318	20
1. PLACE OF DEAT	Н			(160-P) D D	
County Mant	40MLEXY	4		Registration Dist. No. 223	
Village or City Na		Park,		ND. Washington San. + Hospite St., death occurred in a horpital or institution, give its NAME instead of street and number	Ward
Length of residence in city	or town where	death occurred	yrsmos	ds. How long in U.S. If of foreign birth?yrsmos	ds.
2. FULL NAME	aufare	Linaus	Klin Wag	StaffIf U.S. Veteran specify WAR	
(a) Residence: No.	0	(Usual place		St., Ward. 70.5-18-th 5t. N. W. Was	hD.C.
PERSONAL AND				MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR	OR RACE		RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH  Mayel 3 , 193	6
5a. If married, widowed, or divorce HUSBAND of	ed	Jingre	***************************************		Year)
(or) WIFE of				22. I HEREBY CERTIFY, That I attended decease	
	,	. \	1001	march 2 ,1936, 10 march 3 ,1	
6. DATE OF BIRTH (month, day, 7. AGE Years	Months	March	2, 1936	I last saw h. \ \ alive on \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	th is said
		1/2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or part	icular	1 1/2	ormin.	were as follows:	e of onset
kind of work done, as SAWYER, BOOKKEEP	SPINNER, — ER, etc				
9. Industry or business in work was done, as SII SAW MILL, BANK, etc.	which			General Weak ness	
SAW MILL, BANK, etc. 10. Date deceased last works this occupation (mont		11 Total	time (years)	malfarmation of diaphreen	1
this occupation (mont year)	h and —	spe	ent in this	0 0	
	r.1	0 1	\	Other Contributory Causes of Importance:	
12. BIRTHPLACE (city or town) (State or country)	LQ.FT.Ama.	Lerk,		Who a trivit	1
13. NAME William	S	Waast	c. C.C		mo.
13. NAME (Velliams) 14. BIRTHPLACE (city or town)	0		Lyomine		
(State or country)		racion y . la	Joseph	What test confirmed diagnosis?	42 4AB
15. MAIDEN NAME	ena.	Duffin		23. If death was due to external causes (VIDLENCE) fill in also the following:	1
16. BIRTHPLACE (city or tow		er ville.	litah	Accident, suicide, or homicide? Date of injury	19
(State or country)	0	,		Where did Injury occur?	
17. INFORMANT Luas bin	aten Sa	-13 1	Records	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
18. BURIAL, CREMATION, OR RE		Tark,	Yld,	Manage of falses	
Place Ceday High	Coy med	Date 3/6	,136	Manner of injury	
19. UNDERTAKER LLO.	HHy	uez Ce	) j	24. Was disease or injury in any way related to occupation of deceased?	D
(Address) 190/- 20. FILED Mar 4 , 19	14 DL	HEROG.	w.	(Signed) Edua F. Vallerson	M. D.
		10	Registrar.	(Address) L'atoma fart ma	,
	If more	blanks are needed,	address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
etie Fau V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			,

V. S. No. 1

	Most			(107-7-	Registration Dist. No. 27-3
Village or	. 5	gomer.	1-	No.	
Village of	ily	tolen for	(1		itution, give its NAME instead of street and numb
Length o1 re	dance in city or town wher	e death occurred	yrs,mos	ds. How long In U.S. if	f of foraign birth?yrsmos
2. FULL N	ME Carl	E W	ems :		
(a) Reside	ce: No			St., Ward.	
PERSO	IAL AND STATIS	(Usual place of		MEDICAL	If nonresident give city or town and State CERTIFICATE OF DEATH
3. SEX	4. COLOR OR RACE	5. SINGLE, MARK		21. DATE OF DEATH	
made	colore	OR DIVORCED	(write the word)	LII DATE OF DEATH	March 1 193
5a. If married, wide		11 Acres	ge		(Month) (Day)
HUSBAND of (or) WIFE of	Ielia	imati		22. IN ATTIONE B	Y CERTIFY, That I attended decade
	J	9	7.1935	cleach	19 to March 1.
	(month, dey, and yaer)		/	I last saw h_ Asc_ alive on	www.1936 de: des
. AGE		Days	If LESS than 1 day,hrs.	to heve occurred on the date sta	ATH and related causes of importance
8 Trede prof	ssion, or particular	1/6.	ormin.	ware as follows:	11 0 Dai
kind of	vork done, as SPINNER, BOOKKEEPER, etc.	mone		hressma	
9. Industry or	business In which			of case . The	re child was
	s done, as SILK MILL, L, BANK, etced last worked at	11 Total in	<u> </u>	ninattens	led by a physica
4 (1113 000	pation (month and	11. Totel tir	na (yaars) t in this pation		
	CAMPA	11 6.76	211	Other Contributory Causes of im	
12. BIRTHPLACE ( Stata or co		stospulat	- Washing	malmul	relies
≥ 13. NAME					
13. NAME 14. BIRTHPLA	(city or town)			Name of operation	Date of
(Stete	country)	*************			Was there an autop:
15. MAIDEN N	ME Estelle	marie	Weems		causes (VIOLENCE) fill in also tha following:
H	(city or town)				Dete of Injury
∑ (State	country)	not.		Where did injury occur?	
17. INFORMANT	Estelly	4 Tilger	us:	Specify whether injury occurred	(Specify city or town, county and State) In INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) 18. BURIAL, CREMA	ION OR PEMOVAL	essoule.			
Placa	Sincoln Par	RDate Mes	erch 21936	Menner of injury	
	1. 0	/	0		
19. UNDERTAKER _ (Address)	Sto K	2 la co	lean		wey releted to occupetion of dacaasad?
3	2 3/7	200	- 01	(Signed)	1) Harles
20. FILED.	1924		Parista	(Address)	Dala W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

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Example I		Example II	
The principal cause of death and related causes of importance were appellowe:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis RECEIVE	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage ADD 4 1896	July 5,1927	Perilonilis	3 days ago
BUPBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	THE REAL PROPERTY.
Gallstones	May 1,1923	Gastroenteritis	1 year

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting D. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

(Year)

daath is seid

Date of onset

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Chronic interstitial nephralis APD 4 1936	1910	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MERBAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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No.	e e
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>	Z

1. PLACE OF DEATH	OI MARTEAND	-CERTIFICATE OF DEATH	OIGU
County Montgonery		23	21
	ash an	Registration Dist. No. 2.3	2
Village or City Valor	ma JA. Ille		Ward
Langth of residance in city or town		osds. How long in U.S. It ot toreign birth?yrs.	
2. FULL NAME Ma	rovie, M. Wer	nanIf U. S. Veteran, specify WAR	
(a) Residence: No. 3.5	Eaurel at For	Some Ph. Ward.	
	(Usual place of abode)	If nonresident give city or town a	
	TISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RAC	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH	, 1936
5a. If married, widowed, or divorced	Married	(Month) (Day)	(Year)
(or) WIFE of William	7 7. Werner	22.   I HEREBY CERTIFY, Thet I attend	ed daceased from
6. DATE OF BIRTH (month, day, and year)	July-8-1898	Mast saw had alive on 2 13	death is said
7. AGE Years Mon		to have occurred on the date stated above, at/a=g_5_m.	,
37 8 8	7 1 dey,hi		
8. Treda, profession, or particular		July as and	Date of onset
kind ot work done, as SPINNS SAWYER, BOOKKEEPER, etc	:К,		
9. Industry or business in which	TT. Wife	Cutter account	<b>9</b>
SAW MILL, BANK, etc	7. Total time (years) spent in this		
year)	occupation	Other Coatribatory Causes ot importance:	
12. BIRTHPLACE (city or town)(Stata or country)	asouri		
1 .7 ./ "	-1 -10		
E	re J- Mann		
4 14, BIRTHPLACE (city or town)	ntuckes	Name of operation	
	7		n autopsy?
H. O	suger.	23. It death was due to external causes (VIOLENCE) fill in also the follow	
O 16. BIRTHPLACE (city or town) (State or country)	edicina	Accident, suicide, or homicide? Date of injury Where did injury occur?	
17 INFORMANT William	7. Wenner	(Specify city or town, county and Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC	State) PLACE.
(Address) 35 Lau	relat-Takoma	<i>A</i>	
18. BURIAL, CREMATION, OR REMOVAL	0 1 -	Manner of injury	
Place 02 alt. W	Data / Orsh 9 , 19 3	Neture of injury	4
19. UNDERTAKER M. Cf.	ambres	24. Was disease or injury In any way related to occupation of deceased?	1720
(Address) / 400 oli	Jun st- was A.	It so, spacity	1-1-1-1
20. FILEDMAN 7 1936	195 1000	(Signad)	M. D

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9.—The industry or business in which the work was done.

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1	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	
1915	Attack of epilepsy	ek ago
1921		ek ago
July 5,1927	Peritonitis   MAP 16   3 day	ys ago
	BUR 1936	
	Other contributory causes of importances	
May 1,1923	Gastroenteritis 1 y	/ear
	1915 1921 July 5,1927	Date of onset  The principal cause of death and related causes of importance were as follows:  1915  Attack of epilepsy  1921  Run over by street cdr  July 5, 1927  Peritonitis  MAP 16  3 day  Other contributory causes of importance  May 1, 1923  Gastroenteritis  1 2

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

2

Registrar.

If more blanks are needed, addiess State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Peritonitis July 5.1927 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1.1923 1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	<b>STATEMENTS</b>	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

V. S. No. 1

STATE OF MADVIAND\_CEDTIFICATE OF DEATH

1. PLACE OF DEATH	CERTIFICATE OF BEATH
County Illoudy oming	Registration Dist. No. 277
Village or City Refer Outry	No. St., Ward  If death occurred in a hospital or institution, give its NAME instead of street and number)  s. ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME France 5 Wheathy (a) Residence: No.	If U. S. Veteran, specify WAR
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
Male Black OR DIVORCED (write the word)	21. DATE OF DEATH  March  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Alice Robinson Wheatley	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) January 2, 1867	I last saw hum elve of alacy 1936; death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	THE RING AL CROSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Fractured S/Cull 3-1-36
Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc.	Cerebral Hemonliage 3-1-36
10 Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town)(State or country)	Other Centributery Causes of Importance:
13. NAME  14. BIRTHPLACE (city or town)  (State or country)  Md	Nama of operation Date of What test confirmed diagnosis? Was there an autopsy? 12=
15. MAIDEN NAME Valin Sturms	23. If death was due to external causes (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Julia Sturies  16. BIRTHPLACE (city of town)  (Stata or country)  7111	Accident, suicide, or homicide? Hamile Date of injury 3-1, 1936
17. INFORMANT Irun Hunt (Address) 1/07 Rew Hamp share arrays	(Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY/In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Med.  Place Med Growlesse. Date May 51, 1936	Manner of Injury Squels over tread by blens
19. UNDERTAKER GLO R. Snowding (Address)	24. Wes disease or injury In eny way related to occupation of deceased? https://www.lifso.specify
20, FILED 3/6/ , 1936. C. S. B. Barrely Registrar.	(Signed) N-3- Murifly M.D.  (Address) Rochaelle Mid.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example 1		Example 11	
The principal cause of death and related ca of importance were as follows:	Tuses Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset
(1)	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
BUREAU V	S		
Other contributory causes of importance:		Other contributory causes of importance:	The same of
Gallstones	May 1,1923	Gastroenteritis	1 year *

Exact statement stated EXACTLY. properly classified. MARGIN RESERVED FOR BINDING

certificate.

CAUSE OF DEATH in plain terms, so that it may be See instructions on back of mation should be carefully supplied. TION is very important.

1. PLACE OF DEATH		93.0	
County MONTGOMERY		Registration Dist. No. 2	14
Village or City SIL UER SPRING		No. 11 HILL TOP ROAD St., death occurred in a horpital or institution, give its NAME instead of street and	Ward
Length of residence in city or town whara daath occurred		ds. How long in U.S. if of foreign birth?yrsm	
2. FULL NAME MRS. INDIA ESTE		LLIAMS	
(a) Residence: No. // HILL TOP ROAD (Usual place of		St., Ward.  If nonresident give city or town and	1 State
PERSONAL AND STATISTICAL PARTIC	ULARS	MEDICAL CERTIFICATE OF DEATH	
Temple while mar	(write the word)	21. DATE OF DEATH  MARCH  (Month)  (Day)	., 193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of Cor) WIFE of Ames 3. Obillia  6. DATE OF BIRTH (month, day, and yeer) Opril, 0,	nus 1875	22. I HEREBY CERTIFY, That I attended  MARCH 4. 1934, to MARCH 4.  I last saw here alive on MARCH 4. 1934.	dacaasad from
7: AGE Years Months Oeys	If LESS than 1 day,hrs. ormin.	to have occurred on the data stated above, at 10	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	ife	MYSCARDITIS, CHRONIC. CARDIAC DILITATION, ACUTE	1930 Mar 4,19
0 10. Date deceased last worked at I1. Total tim	in this		
12. BIRTHPLACE (city or town)		Other Coutributory Causes of Importence:  ARTERIO SCLEROSIS  PULMONARY CANGESTION	1925 Man A G
E 13. NAME Solu Siehols  14. BIRTHPLACE (city or town)		Nama of operation	
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)		23. If death was due to externel causes (VIOLENCE) fill in also the following Accidant, suicida, or homicide? Date of Injury	g:
17. INFORMANT Chu James &, Ob (Address)	illians	Where did injury occur?(Specify city or town, county and Sta Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	le) LACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE Point & Rock, Madote M.	ar. 7,1936	Manner of injury	
19. UNDERTAKER Warner G. Pumple (Address) Selver Spring	Juda .	24. Wes disease or injury In eny wey related to occupation of deceesad?	No.
20 FILED Whale 19:36 J. E. Wen	of male	(Signad)	M. D.

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Example I		Example II	
e of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915	Attack of epilepsy	1 week ago
ephritis	1921	Run over by street car	1 week ago
RECEIVED	July 5,1927	Peritonitis	3 days ago
causes of importance:		Other contributory causes of importance:	
MINISHII Y II.	May 1,1923	Gastroenteritis	1 year
	e of death and related causes as follows:  ephritis  causes of importance:	e of death and related causes as follows:  1915  ephritis  1921  July 5,1927  causes of importance:	causes of importance:  Date of onset of importance were as follows:  1915 Attack of epilepsy  Run over by street car  Peritonitis  Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 3127	
1. PLACE OF DEATH	(97)	
County Mortgamery	Registration Dist. No. 3/2	
Village or City Poulds Lodge R 7	· Nro. 13040 ' st, 1	Ward
Length of residence in city or town where death occurredyrsmos.	death occurred in a hoppital or institution, give its NAME instead of street and number)  ds. How long in U.S. if of foreign birth?	ds.
2. FULL NAME LUCY anna 4	allena.	
(a) Residence: No. RIW. Bayo	St. Wald.	
(Usual place of abode)	If nonresident give city or town and State	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIGOWED.	MEDICAL CERTIFICATE OF DEATH	_
Ferrale While OR DIVORCED ("write the word)	21. DATE OF DEATH  3. 15   193	r)
5a. If married, widowed, or divorced HUSBANO of Robert. L. Young.	22. I HEREBY CERTIFY, Thet I attended deceased	from
6. DATE OF BIRTH (month, day, end year) 7 dr. 64. 1864	111111111111111111111111111111111111111	3.10.
6. DATE OF BIRTH (month, day, end year) 1 10 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	to have occurred on the date stated above, at 12.7 P.m.	s said
72.   9.   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8 Trade profession or particular	Cerebreal arterial Scleryses 12 -	onsot 3
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	General activist solervis 193	0.
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc		
10. Oate deceased lest worked at 11. Total time (yeers)		
this occupation (month and year)		
12. BIRTHPLACE (city or town) Bouds	Other Contributory Causes of importance:	18%
(State or country) will . Co . Md .		-13
13. NAME ALORISTS. Vol.		
14. BIRTHPLACE (city or town) Manua Co	Name of operation	
(State of country)	What test confirmed diagnosis? Was there an autopsy? r.	90.
16. BIRTHPLACE (city or town) Roberts.	23. If death was due to external causes (VIOLENCE) fill In also the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?	
0.1.1.7	Where did injury occur?(Specify city or town, county and State) Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.	
17. INFORMANT CADELL . Boydo W.	Specify whether injury occurred in INCOSTRT, IN HOME, OF IN PUBLIC PLACE,	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place Beallsvilla Md., Date March. 18, 1936	Nature of injury	
19. UNDERTAKER Ruben. Pumphrey.	24. Was disease or Injury in any way related to occupation of deceased? Rd	
(Address) Rechardle Ma	If so, specify	
20. FILED Mole / 8: 1936 mm. Clagett Hillow		M. D.
Registrar.	(Address)	

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Example I	100	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis RECEIVED	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage APR 4	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year